The
CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME THIRTY-SEVEN NUMBER NINE

SEPTEMBER, 1941

# The Home Front

So far, the impact of the war on the practice of nursing has been strikingly different to what it was from 1914 to 1918. In the first Great War the withdrawal of nurses for military service was much more rapid during the first year. There was little or no opportunity to prepare nurses to fill the gaps and the dislocation of all services was consequently abrupt and severe. With the outbreak of the epidemic of influenza in 1918, the situation became almost catastrophic and those who lived through that ordeal are not likely to forget it.

This time we have had more opportunity to prepare for whatever emergencies may arise and an excellent beginning has been made. Enlightened leadership is being given by the President and the Executive Committee of the Canadian Nurses Association, and the provincial Associations of Registered Nurses deserve great credit for the thorough manner in which they have investigated the nature, number, and location of the nursing personnel which could be called up for service in case of emergency. The hearty and unselfish co-operation of individual nurses in the work of the Canadian Red Cross Society and the St. John Ambulance Brigade is worthy of the highest praise. Nevertheless, much still remains to be done on our own home front. In war, as in peace, every branch of nursing service must be carried on as usual. Good nursing service must be assured in Canadian hospitals and homes as well as in public health organizations. Above all, schools of nursing must do better work than ever before if the challenge of the future is to be met.

There are disquieting rumours about a shortage of nurses. We know that many key members of hospital and school of nursing staffs are entering military service. In some cities and towns it is difficult to find a nurse to take a private case either in the hospital or at home. Public health and visiting nursing groups are beginning

to feel the strain of a constantly changing personnel. The military authorities claim (and not without reason) that the best is not too good for them. On the other hand, many far-seeing nurses think that highly qualified supervisors and teachers should be kept at home to train competent rank and file workers to meet the increased demands which are certain to come from military and civilian sources. This involves a personal factor which ought not to be overlooked. It is both natural and right that well qualified mature women should wish to offer themselves for overseas service. It is a real sacrifice for these nurses to remain at home and due credit should be given them if they consent to do so. Serving on the home front may not be spectacular, but from 1914 to 1918 some sound work was done without any flourish of trumpets or hope of recognition. Now it begins to look as though we must fill up the ranks of the "Old Contemptibles". again. After all, we did keep the wheels turning, even though they squeaked horribly at times.

Above all, we need a reliable estimate of the nursing resources which are available in the country as a whole. This is not easy to make because the situation is never static and constant revision would be necessary. The fact remains, however, that no new or elaborate machinery need be set up. The immediate task is to collect and to interpret the information we already have or could obtain without much trouble. The secretaries of the Provincial Associations have already done most of the spade work and are in a position to contribute to a continuing study which would serve as a guide for action. After this has been done, we may be surprised and relieved to find that more intelligent distribution of nursing service might help to solve some of the difficulties. In other words, the present shortage may be more apparent than real.

Another priceless opportunity is within our grasp if only we have the wit to seize it. Boards of directors in hospitals and public health organizations are genuinely anxious to maintain good service. This is the time to persuade them to help and encourage their younger nurses to prepare themselves for responsible positions right in their own particular organization. Departments of nursing in our Canadian universities will soon cease to be regarded as educational frills if these directors can be shown that they are useful and practical training centres for the very nurses they need.

Furthermore, every superintendent of nurses should make it her business to select and train a potential substitute for all key nurses on her staff. Even though the staff remains intact, this policy will work out to the advantage of all concerned. Nurses are not accepted for military service until they are 25 years of age and, if we are in for a long war, we may have to lean heavily on these young women, many of whom graduate at twenty-one. It is they who may have to take up the slack in our civilian hospitals and shoulder responsibility which at first sight may seem too heavy for their years. Under ordinary conditions it is preferable that very young nurses should not undertake post-graduate study until they have acquired experience in a practical field but, under the stress of war, we may have to sacrifice this principle for a time.

One word more. Elsewhere in this issue you will find an outline of the activities of the American Nursing Council on National Defense. Thanks to the able and far-sighted policies drawn up by this Council, the American Congress has been persuaded to vote one million two hundred thousand dollars to be ex-

pended on building up and strengthening the education of professional nurses. In Canada, financial aid to nursing education would probably have to come from the provincial governments rather than from federal sources. Such grants would necessarily be small but it is well worthwhile to try to get them. The community will accept financial responsibility for educating nurses if we can prove that we are indispensable to its health and welfare. But the onus of proof rests with us — and not by words alone. "In the handicraft of their work is their prayer".

—E. J.

---

# A Nurse Looks at Radiology

CLARIBEL MCCORQUODALE

This presentation is an endeavour to outline the nurse's place in radiology. In the early days the x-ray department in any hospital was a suite of rooms situated in the basement. They contained some mysterious pieces of apparatus with which one rarely became familiar unless sent there for the purpose of cleaning them, or to be with a nervous patient during her examination. If one did happen to gain entrance to this inner sanctum on the latter pretence, you were told by the radiologist to stand in one specific place in the room and not to touch anything. This limited the inquisitive mind considerably. In nine cases out of ten the room was thrown into complete darkness in order to complete the examination and so far as a knowledge of radiology was concerned it could be quite truthfully said that you were left standing in the dark.

For many years the field of radiology was limited to the reduction of fractures and the localization of foreign bodies, but as the science has developed it has become an essential procedure in the diagnosis of disease in almost every region of the body and has also become increasingly important in the treatment of many diseases ranging from the ordinary boil to cancer. It thus takes its place as one of the newest of medical specialties. Due to this fact a large percentage of nurses has very little opportunity to observe and become familiar with the many aspects of this subject.

Looking at the complicated and elaborate apparatus in a modern and up-to-date x-ray department it is difficult to realize that all these developments have taken place in so short a time. It was in December 1895 that Wilhelm Konrad Roentgen made his spectacular discovery. Roentgen was professor of physics in the University of Wurzburg and was conducting investigations into the behaviour of glass vacuum tubes through which electric currents are passed. These tubes had been invented in England by Sir William Crookes and were known as Crookes' tubes. They had been in use and had been studied by physicists all over the world for years before Roentgen made his discovery and during all of this time many of them must have been producing x-rays. Professor Roentgen was also interested in photography

*Normal gall bladder.*

which was then in its infancy and he was in the habit of making week-end hikes through the beautiful hills of Bavaria for the purpose of making photographs.

On the very eventful Saturday on which x-rays were discovered Roentgen had prepared his plate holders, which in those days were in the form of glass plates instead of films, and placed them on the table where the experiment was in progress. He found it necessary to refer to one of his books in which was an old German key which he was using as a bookmark, and in putting it aside he placed it directly on top of the plates. Thus the plates and the key were in close relationship to the tube. After a short time he was called away and it was his good fortune that he left the apparatus running. Upon his return he immediately closed his laboratory and went on his photographic expedition. During the day he used these plates for the purpose of photographing a mountain scene. Imagine Roentgen's surprise when the plates were developed to find the image of the key superimposed upon a scenic view.

Some years later when questioned regarding this incident he was asked: "When you saw the image of the key what did you think?" His reply has become a classic: "I did not think, I investigated." What he actually did was to restage the events as he thought they had happened and again the image of the key was present on the plate. He thereupon reached the conclusion that some hitherto unknown type of ray was responsible for this effect and accordingly since he did not know what the rays actually were he gave them the name of the letter "x", as used in algebra denoting the unknown—hence the word x-ray. Years later, by international agreement and as a compliment to their discoverer these rays were called Roentgen rays and are now known by this name. More recent investigations have revealed that the rays which Roentgen did not understand are electro-magnetic vibrations which differ from radio waves and visible light rays only in their wave length.

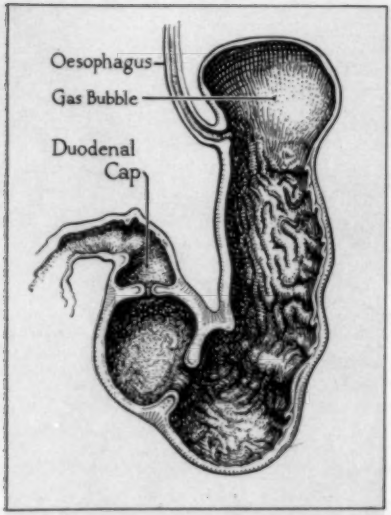
Due to their very short wave length, x-rays have the property of penetrating through various substances and thus can be made use of in the diagnosis of disease. In the human body the bony tissues offer the greatest resistance to the passage of the rays and are therefore clearly shown. Most of the soft tissues such as the lungs offer very little resistance and are therefore not seen so well. Hollow organs, such as the stomach, must be filled with substances which offer a great contrast and can thus be visualized. Some hollow spaces, such as the ventricles of the brain, are filled with oxygen or air for this purpose while others are outlined by special oils or drugs having the necessary density to produce a satisfactory image.

The effect of x-rays, at least on the superficial tissues, is much the same as sunlight. Either applied to the skin for a short time produces no evident effect but if applied for a sufficient time there will result after an interval of time a reddening of the skin or erythema, a so-called "sunburn". If the quantity of radiation is increased beyond this point, a blistering reaction will result both with sunlight and x-rays. Sunlight, owing to its lack of penetration, is expended upon the surface and cannot produce more than a blistering action, whereas x-rays which penetrate beneath the skin can cause destruction of the entire skin and subcutaneous tissues and even cause sloughing. To guard against the application of excessive doses of x-rays to the skin, certain limits of safety must be determined. For this purpose a meter is used called the r-meter for measuring x-ray dosage.

For the purpose of illustrating more clearly the points referred to, a film was made in the x-ray department of the Toronto General Hospital and was given the title "A Nurse Looks at Radiology". During the preparation it was realized that it was not possible for every nurse to be interested in all the various aspects of radiology and therefore an endeavour was made to present something of interest to various groups of nurses. For those who were interested in historical and scientific events, we presented the original experiment of Roentgen which led to the discovery of x-rays. For those who were interested in teaching and in methods of diagnosis, procedures used in radiological diagnosis were presented. Finally, for the private duty group who have the responsibility of the very ill patient, we presented "The Patient and Radiotherapy". To you, the interested members of the Association who read our *Journal*, we present a brief summary of the cinema, "A Nurse Looks at Radi-

*Opaque gall stones.*

*Non-opaque gall stones.*




ology", as it was shown at the recent annual meeting of the Registered Nurses Association of Ontario.

Part One dealt with the procedures used in radiological diagnosis. Gastro-intestinal examination includes the gall bladder, oesophagus, stomach, small intestine and colon. The modern method of examining the gall bladder was described and illustrated. The preparation of the patient was as follows: on the previous day he was given a non-fat meal at 7 p.m. At 8 p.m. a special dye was administered and the patient retired to bed immediately. On the following day the patient was given an x-ray examination at 9 a.m. A fat meal was administered at 10 a.m. and a second x-ray examination was made at 2 p.m.

A film of the normal gall bladder was then shown illustrating the following: a Roentgenogram of the gall bladder region showing the lower ribs, the edge of the liver and, on the inner side, the sides of several vertebral bodies. In the space between the spine and the last rib one sees the outline of the gall bladder which appears as an oval structure tapering to a point at its upper end. The wall is smoothly rounded with no indentations. The shadow which is seen is caused by the concentration of the dye which was given twelve hours previously and this produces a homogeneous shadow with no irregularity, if the gall bladder is normal. Roentgenograms were also shown to illustrate the two common types of gall stones namely (1) opaque gall stones, or those which contain sufficient calcium to be visible in an ordinary Roentgenogram; (2) non-opaque gall stones, or those which do not contain calcium, and these are seen as negative shadows in the gall bladder outlined by the opaque dye. This type of shadow is due to the presence of non-opaque or cholesterol gall stones.

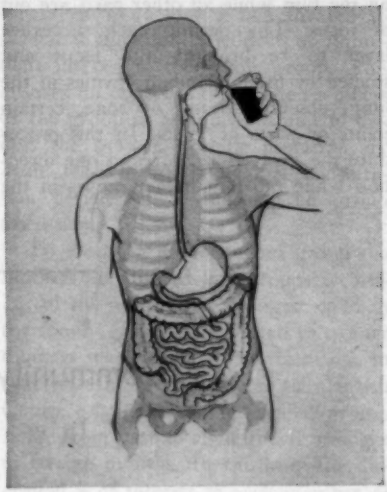
The oesophagus, stomach and small intestine were illustrated by animated drawings showing the progress of the barium meal. At this point a drawing of a normal stomach was shown with several waves of peristalsis present. The pyloric opening was also shown and, beyond it, the first portion of the duodenum which has been compared to a bishop's mitre and is therefore called the duodenal "cap". It was pointed out that the opening of the oesophagus into the stomach is not at the highest point but is some distance below the extreme top. For this reason a bubble of air is commonly trapped in the upper portion and is called the gas bubble. The opening into the stomach is at its highest point only when one assumes the position of a four-legged animal and this is one of the reasons for believing that man has evolved from a lower form and assumed the upright position. The introduction of barium into the colon was illustrated by animated drawings. The view which was shown on the screen is that which is seen by the radiologist

during a fluoroscopic examination. During the examination the various portions of the colon can be seen and examined by palpation following which Roentgenograms are made before and following evacuation of the barium.

Pyelography is the method of visualizing the interior of the kidneys, ureters and bladder by means of opaque media. The pyelogram, properly made and interpreted, offers the most valuable and conclusive proof of a larger number of renal lesions than any other diagnostic procedure. Its use is imperative in all doubtful cases. Two methods are available; the first is called "retrograde", and the second "intravenous". An animated drawing was presented showing the various steps used in making a retrograde pyelogram including the introduction of the cystoscope, catheterization of the bladder, introduction of Roentgen ray catheters into the ureters and kidneys, followed by the injection of the opaque material. Roentgenograms are made at this stage and show the shape, size and position of the kidneys and ureters as well as demonstrating kinks, strictures and new growths.

In many cases retrograde pyelography is difficult or impossible, in which case the method of intravenous pyelography is utilized. This is the intravenous injection of a drug which is rapidly excreted and appears in the urine a few minutes after administration (some of the drugs more commonly used are Diadrast or Uroselectan Skiodan, Hippuran, etc.) Roentgenograms are made at five to fifteen minute intervals up to one hour at which time excretion is usually complete and most of the opaque material is in the bladder.

One of the newer developments in x-ray diagnosis is called laminagraphy or "body section radiograph". By this method any desired level or section of the body can be brought into sharp focus



*Ingestion of a barium meal.*

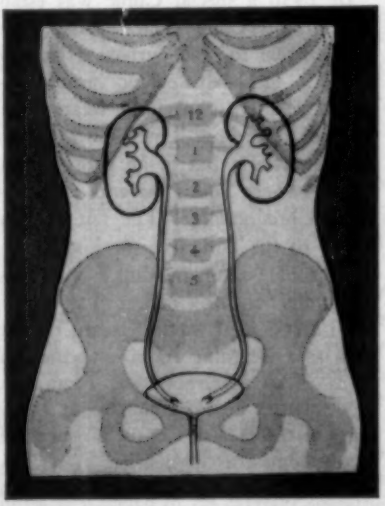



*Diagram of a pyelogram*

on the film while all other parts are out of focus. This permits each successive layer to be brought into focus and studied by itself including cavities in the lung, obscure diseases of bone, certain joints or parts of joints. In this procedure the x-ray tube moves in one direction while the film holder moves in the opposite, either in a straight line or a circular motion. In each case the central beam of x-ray remains focused at the desired level selected for study. The apparatus used in this procedure was shown and the motion of the tube during one complete rotation was demonstrated.

(*To be continued*)

---

# A Community Health Centre

ALAN ROSS, M. D. *and* FLORA F. STEWART, R.N.

Health education should be the aim of a Community Health Centre. Its teaching should interpret the accumulative findings of the ever widening fields of medical science. Its activities should encourage the individual to become responsible not only for his own health but also for the health of his community.

In 1936 a special Clinic was established by the Child Welfare Association of Montreal for the purpose of experimenting in health clinic procedures, group class programs and related methods of recording. This Health Centre is situated in a flat in an artisan community where young parents and new families predominate. The flat is a duplicate of the homes of the district, the front double room making a good class room and doctor's office. The dining room serves as a waiting room, the kitchen as a weighing room, and the bedroom as an admirable play room. Except for the doctor's equipment everything in the Health Centre is procurable in the homes of the district.

The personnel consists of a part time pediatrician interested in the broader aspects of child growth and development, a full time registered nurse who has had special training in child study and group class work, the services of the nutritionist, and the mental hygiene worker of the Child Welfare Association, and a number of keenly interested volunteers from a community women's club.

The chief source of contact with the families in the community of the Health Centre is the referral of newly discharged mothers and their ten-day-old babies by the various hospital obstetrical services, or, five-week-old babies by the Victorian Order of Nurses. A large number are brought by other mothers who themselves are attending the Health Centre. There is a fairly constant registration of three hundred families. One hundred of these represent new families or first babies. The other two hundred families have from two to five children with a few who have from six to twelve children. The age range of the parents is from eighteen to thirty-five years, the younger predominating. When the mother and baby register at the Health Centre, all children in the family under six years of

age come under supervision. All school children, adolescents and adults of the family come into the discussion and advice on family health.

The average educational level of the parents is that of elementary school. Few of the men have had the opportunity of learning any trade. They are employed as office and store clerks, mechanic's helpers, agents, jobbers, and laborers. The wage scale ranges from moderately good to relief. A few of the women have had the advantage of one year in high school or of a business course. Many of them have been stenographers, hairdressers, sales clerks, factory workers and domestic helpers before marriage.

The routine at the Health Centre includes a doctor's health clinic each week and a nurse's conference each week. An appointment system regulates the numbers at any one clinic. A minimum standard of medical supervision for a normal child provides an appointment for a doctor's clinic every three months during the first year, and every six months up to six years of age. A complete physical examination is given on admission, at six months, at one year, and annually until six years of age. A tuberculin test is given by the patch method at three months, and diphtheria immunization at from six to nine months. A careful check up is made after communicable diseases. Any extension of these minimum standards is made at the discretion of the doctor or nurse. Nurse's conferences are held alternately with the doctor's appointments, thus making the visits to the Health Centre every month during the first six months, every two months until one year, every three months until three years, and every four months up to six years.

A combined group class, and individual consultation clinic allows the doctor or nurse to give a talk for ten to fifteen minutes on a subject of immediate interest to the whole group. This ensures an opportunity for the members of the group to ask quesions and to discuss the subject. Specific problems are dealt with in the individual consultation period which follows the group discussion.

To ensure a homogeneous group the mothers are divided into groups according to the age of the youngest child in the family. Thus from fifteen to twenty mothers who have children from one to four months of age attend the Health Centre on the same day. Similar groups range from four to eight and from eight to twelve months. In this way the discussion is of interest to each member of the group. Mothers attending a group bring their older children when specific appointments are given for health examination. This schedule entailed some careful planning when the experiment was started, but now runs quite smoothly. The population of an artisan district is usually a "moving one", but the new registration and age levels remain fairly constant. The babies of the last year are the toddlers of this year and last years toddlers now make up the preschool group.

Within forty-eight hours of the referral to the Health Centre by the hospital obstetrical service, a home visit is made by the nurse. After discussing the new baby, the health of the mother and the new adjustment in the family the nurse explains the Health Centre routine, offers its services to the family and, if desired, gives an appointment to the doctor's clinic. The appointment system is carefully explained.

Let us follow a typical case. At the Health Centre, after registration, Baby Jones is wheeled in his carriage into the yard or placed in a basket in a well-ven-

tilated playroom. A volunteer is in attendance. Mrs. Jones enters the class room where a group of from fifteen to twenty mothers are already gathered, is introduced, and while waiting for the doctor's arrival may join in or listen to a general discussion that is being carried on. "Why and how do we give cod liver oil" is the subject of immediate interest to this group whose babies are from one to four months of age. The doctor takes this opportunity to tell these mothers the interesting scientific story of vitamins and food values in words suitable to his listeners and guides the discussion which always follows.

Mrs. Jones listens in delighted surprise to a discussion of details and difficulties which she thought were peculiarly her own. She hesitatingly tries her own question: "But doctor, if baby doesn't like it, he spits it out even if I hold his nose." Baby Jones is then used as a model in a demonstration of how to give cod liver oil without holding the baby's nose. Here is introduced the mental hygiene aspect of early learning on the baby's part, of the attitudes towards learning on the parents' part. As one of a group this young mother gets release from nervous tension. After this period of discussion babies are undressed and weighed and the individual consultation with the doctor follows. Here the general principles discussed in the group are applied to the individual.

Mrs. Jones leaves the Health Centre with her next appointment date carefully marked on her baby's weight chart. If a visit to the home is to be made the nurse has planned the time with this mother. This arrangement avoids, to a large extent, the wasteful and expensive practice of home visiting only to find no one at home.

The next appointment given to Mrs. Jones is for a conference conducted by the nurse. Here Mrs. Jones meets the same group. Babies are settled in the yard or playroom under the volunteer's care. Ten minutes are given to an informal discussion of questions which range over a wide field. Suggestions for immediate help and encouragement are given and possible topics for further discussions are noted. These are to be planned for in a later program. A bath and dressing demonstration is the topic of the day, using the clinic demonstration equipment. This usually elicits further questions which are again recorded to be discussed at a later date. "Fear" is the dominant subject in this discussion, for most fathers and many mothers never hold a tiny baby till they are responsible for their own. Three weeks or one month later, Mrs. Jones is again at a nurse's conference where the value of breast feeding and its many problems is under discussion. Formula making is demonstrated frequently by one of the mothers who has already been taught in the home.

Baby Jones later has an appointment for a doctor's health clinic and with him comes a mother who has been looking forward to meeting her new friends. The members of the group are now full of questions and accounts of achievement. Using this interest the doctor takes from ten to fifteen minutes to explain what may be expected of a three-months-old baby. A brief talk will now explain the significance and value of the tuberculin test which is to be applied later during the individual session.

The next visit brings Mrs. Jones to the Health Centre when her baby is ready for semi-solid food. Cooking and the giving of cereals and vegetables is demonstrated and discussed. The nutritionist as the specialist is present. The questions that arise during this session will form the basis of several programs of class teaching. They are added to the ever growing list for later consideration.

Mrs. Jones, amongst others, was a sales clerk before marriage, having started work after one year of high school. There were several other children in her family and she was the eldest. She received no training in cooking, food planning, or food buying. She did not know that budgetting both time and money was an essential part of home planning. Her husband was no better informed. He knew that all his time was recorded at work and that he was paid on this basis and as he grew up, articles were bought when desired, bills were met as money was available. When the nurse visited the Jones' home she noticed that the cupboard was stocked with packaged cereals some of which have little food value, and with canned vegetables and soups which are usually more expensive than the home-made during the fresh vegetable season. There also was a fairly large piece of uncultivated ground behind their flat. With this in mind, discussion centres about food buying, budgetting, garden possibilities, and food habits, likes and dislikes.

When the baby is from six to nine months of age, immunization and the prevention of communicable diseases is discussed by the doctor in the group, and immunization against diphtheria is carried out. Routine health centre visits are now two months apart and the interval is lengthening. The acute need for information about her own baby has passed and Mrs. Jones is now able to take a wider point of view. It is usually at this stage that most of the mohers find they have so much to learn that they desire more frequent group sessions. They feel that the list of the many questions and statements which has been left untouched for lack of time and diversity of subject matter now requires attention.

A program is organized for a series of twelve weekly group discussions around those questions which cover all phases of child growth and development and home economics. A cooking class takes up another twelve weeks. This class is arranged with the help of the Diet Dispensary of Montreal and is based on the recently published booklet, "Food and the Family Income", prepared by the Nutrition Committee, Health Service of Federated Agencies of Montreal. Another twelve weeks is occupied by sewing classes led by a volunteer. This provides an opportunity for learning the care of clothing, remodelling and mending. Mrs. Jones has made many friends. She can, without too much worry, listen to the sound of her own voice in discussion, and express her own opinion. This is one of the many benefits of this type of program. The baby is now two years old. He accepts the clinic and the doctor's examination as part of his routine. He enjoys the contact with other children and looks forward to the afternoon spent in the playroom.

An addition is expected to this small family, and there is no hesitation on the part of the mother in making plans with her doctor early in this second pregnancy. The fears and worries of the first pregnancy have been eliminated because of her wider knowledge. Back yard gossip can now be turned from a fearsome thing into a source of information and knowledge, the parent students being the authorities instead of the listeners.

By this time another important member of the family has been drawn into the circle. Mrs. Jones has carried home to her husband the information she has received at the clinic. A few simple questionnaires about the development of her child have been given her with the specific request that she obtain her husband's help in answering them. This has introduced him to the fact that child

growth and development is a scientific study and has focussed his interest upon the activities of the Health Centre. His attention is now caught and he reads newspaper or magazine articles on these subjects. He is naturally keenly interested in everything pertaining to his son. He begins to ask his wife questions that have to be answered by the nurse or doctor. Mrs. Jones brings these questions to her group. A discussion follows, a conclusion is reached, and the answer is carried back. After his wife has been attending the Centre for a few months, Mr. Jones receives a note stating that the doctor would like to meet him in a group with other men whose children the Health Centre has been supervising. This brings a curious but desperately shy man to an evening meeting at the Health Centre. Introductions and a supply of cigarettes ease the tension and the doctor tells the group what the Child Welfare Association is doing and points out the need for co-operation and interest on the part of the men of the community.

The fathers' group has made an important contribution to the lives of its members. A six weeks informal lecture series is planned. The lectures are given by doctors, dentists, and public health workers. A further discussion program, comparable to that of the women's group is requested and a three-month session planned and carried through. This was led by the nurse, the dietitian, and others taking part as the discussion developed.

Several of the men were interested leisure time woodworkers. They worked at home with inadequate space and tools. With the help of the Parks and Playgrounds Association of Montreal, the local school provided a room at a small cost and the men set up work benches and pooled the available tools. The health centre playroom furnished models of suitable play materials and for the past two years this group has made all their own Christmas toys and presented many others to the Community for distribution. They have become an active unit of the Home Workshops Club and considerable social activity has developed. They have accepted the Health Centre as a part of their community for which they feel to a large measure responsible.

It is recognised that the pre-school period is the crucial stage in the life of the child, and that which is, as yet, the most neglected. The two to six-year-old children have four or five routine appointments at the Health Centre during each year. It has been found that discussions at the clinic group class with the doctor or the nurse at this age level revolve around behaviour problems. The physical aspects seem to be eclipsed by the need for "What to do when Johnny does so and so." It is, at this age, that the everyday problems of the child accumulate. The doctor finds his half hour taken up with questions of obedience, fear, play opportunities and temper tantrums. The radio, the newspaper, and many magazines add considerably to a parent's knowledge of child development, but ideas need clarifying and specific situations require direction and help. In many cases a visit every three months is quite inadequate.

By the end of the second year the original twenty mothers had become so interested in the study of their children and their homes that they begged to be allowed to continue. As several other groups were now in progress at the Health Centre it was decided to carry this group as a study club in an evening session. An appeal to the volunteers brought an able leader who gave a short series of talks and practices on parliamentary procedures and the group

was established on a club basis. The program for the past three years has covered many phases of child welfare and home economics, specialists in each field leading the discussion.

The primary purpose of this club is the continuance of the studies of child health and home building. As this is in almost each case the only outside contact these mothers have, the mental hygiene aspect of this phase of the work cannot be minimised. The members plan their household duties around the club, their husbands arranging to be home while their wives attend the meeting. The women knit, sew and exchange ideas, and members with specific problems find interested and helpful guidance.

At one point a demand for a kindergarten developed, and on their own initiative, a delegation from the study club approached the School Board asking that this addition might be made to the school. When the authorities, on the grounds that there were too few children of that age level, demurred, they canvassed the district, listed the possible candidates for a kindergarten, procured the support of a large and influential women's club and so convinced the School Board by their arguments that a kindergarten was established.

The following conclusions have been reached after four years' experience with this type of Health Centre:

1. Supervision of the physical, mental, emotional, and social development through infancy and the pre-school period in a Centre organised on the basis of group teaching, has certain advantages over the usual methods employed.

   Much of the tedious repetition of individual teaching is avoided and under supervision parents learn, and are stimulated by, each other. Difficulties they thought peculiarly their own dissolve when it is discovered that they are almost universal.

   The Health Centre becomes an integral part of the community, wielding an important influence on education, recreation, and public health.
2. A well equipped play room presided over by informed, interested volunteers is a necessary part of the organisation. Play materials are demonstrated, children enlarge their social contacts, and learn to play with each other. Mothers become content to leave them while the discussion group is being conducted.
3. The majority of the parents must be young and receptive.
4. It is essential to the success of such a project, that the doctor and nurse have a sound understanding of the fundamentals of child growth and development. They must be interested in, and able to lead group discussions reducing to simple terms, medical and mental hygiene principles.

---

## A Royal Tribute

I must say a personal word to the nurses — those wonderful women whose devotion, whose heroism will never be forgotten. In the black horror of a bombed hospital they never falter, and though often wounded, think always of their patients and never of themselves.

— *Queen Elizabeth*

# Library Suggestions for the Small School

MARION S. MYERS

Since general education has as its objective the preparation of the individual to meet and adjust himself to the world, schools of nursing must also keep such a goal before them and aim to develop the students both personally and professionally. With such an objective, the student nurse must acquire certain basic information relative to the vocation itself and must become efficient and reliable in the performances of the various nursing techniques. Furthermore, she must become an educated person, through development of appreciations and sympathies, with a wider understanding of the qualities and relationships of life itself. Having gained such appreciations, she continues to be a student long after graduation, for she has reached that pleasant place where the pursuit of knowledge and understanding for their own sake have greatly enriched her own life and happiness.

A school of nursing, however small or lacking in equipment, possesses certain basic tools for the gradual moulding and development of this phase of the students "make up", as well as those charging her mind with a collection of facts, and her muscles with ease of performance. The purpose of this article is to give a few suggestions for the establishment at small cost of one such tool — the library. This tool may be pleasing and easy to use or, due to its inaccessibility, complexity, or rustiness, of little value. A library must be alive in the sense that it can be associated with every day experiences, and at the same time lose nothing of its technical and specialized content. For a modest yet active library I would like to suggest the following basic requirements:

1. The library needs a room of its own. Small schools often combine the class room and the library and, if such a situation is unavoidable, students might be kept informed as to when it is available by verbal announcement and poster. The very fact of seeking it only to be excluded due to class is a definite break in the bond of readiness, with damage to the establishment of a good habit. Good lighting is equally important, and its absence proves as irksome as exclusion, to say nothing of the physical evil it tends to promote.

2. A study table or tables are required according to space and supply. If the room is small, one large table will avoid overcrowding and promote ease in maintaining tidiness. Several small tables give more privacy to individual study and less likelihood of disturbing conversation.

3. A library fortunately is not measured by the number of volumes on its shelves. A library of twelve books may be far more valuable than one containing one hundred or more, providing the twelve are up-to-date and well chosen. Every library should contain at least one approved and up-to-date book for each subject in the Curriculum, as well as several copies of any well recommended and reviewed book relating to subjects for which no individual texts are issued.

The many complimentary copies sent from publishing houses are helpful when making selections, by keeping schools informed on the content of new books the review of which might constitute a definite part of the educational program for the nursing staff, the instructor's committee, or the Hospital and School

of Nursing section. These books should not be allowed to accumulate and to become outdated thus adding little to the library apart from bulk.

When making selections why not occasionally include something that contributes to general education such as poetry, classics, history, or philosophy? These fortunately do not become outdated and are always a safe investment. Books on etiquette, jurisprudence, parliamentary procedure, or social customs might also be made available. Emily Post is often a friend indeed. The complete Encyclopedia Britannica may seem beyond the economic strength of many schools, so in its place install a good dictionary and gradually put in the former. Books should be placed in some definite order, preferably according to subjects, and marked clearly. This is a time-saving factor when checking them, especially when the person responsible has many other duties.

4. Several copies of *The Canadian Nurse* and at least one of *The American Journal of Nursing* are essentials; other professional periodicals should be added as the budget permits. Magazines are alive, always new, and for that very reason curiosity itself prompts the turning of their pages. Keep the new copies apart from old numbers, and in a conspicuous place. A wall rack, narrow enough to avoid overlapping, seems to announce their presence better than a shelf or table where they tend to become submerged.

A bibliography may be easily kept from month to month so that articles in old magazines (which may be bound at small cost) are easily available as reference material. Specific articles, under the various curriculum headings, are not always found in text books and are well worth preserving. That classical address, entitled "The Care of Life", delivered by the late Dean McKay of McGill University to the Canadian Nurses Association is an example of an article with spiritual value which time cannot efface, and so is well worth keeping. A loose leaf binder makes a satisfactory bibliography file, as the sheets are easily removed for additional typing of new articles from month to month. An index to topic headings makes the material more accessible and saves time.

5. A small bulletin board may be an added attraction where students themselves are able to help contribute to the life of the library by posting interesting pictures and clippings from the press on professional subjects as well as notices of where interesting articles may be found. Even a notice of a movie with educational value could be news for the bulletin board. Nothing is more stimulating to interest and recognition of the general relationships than to meet in the daily press, or the cinema, or in a popular magazine something that is related to one's own field. For example, a magazine like the "Reader's Digest" has many interesting articles on disease, physiology, bacteriology, and therapeutics. If some one has encountered such information, pass on the old magazine and explain its presence on the bulletin board by calling attention to the article worth reading. Don't fill the room with old magazines. After they have served their purpose remove them. Literature on new drugs sent out by pharmaceutical houses or obtained from drug packages might also be posted. Information on a bulletin board attracts attention and is nearly always read by someone.

6. Old books and magazines must be discarded from time to time, but before doing so salvage pictures of educational value, mount them on cardboard or on the backs of foolscap, or chart form pads. They are thus always

available, firm and uniform. I have obtained some splendid pictures in this way on anatomy, pathology, history, and drugs. Colored plates are more stimulating and pleasing and many may be obtained from advertising literature, the cost of which is nil. Sort and file these pictures according to subject, and if slides are not available for the projector these are very good substitutes. If the school has no projector, at least it may have interesting pictures at hand.

7. Keep a corner for information to senior students on vocational guidance. In this space I would suggest placing information regarding graduate services and opportunities; through university calendars, information on such services as the Victorian Order of Nurses, the Henry Street Settlement, Metropolitan Life Insurance, air service for nurses, in fact any information of that type interesting to the student who is soon to leave the school.

Lastly the daily newspaper is deserving of a place in the library. It should be kept in a cover; this keeps it in better condition and prevents it being handled with annoyance to others. If the school cannot provide a paper exclusively for library use, someone on the staff will gladly pass one along before the day is over, and feel better for doing so. The local paper is a big factor in bringing the library into closer relationship with everyday life. The habit of dropping in for the news may lead to deeper appreciation of what a library has to offer.

---

## The American Nursing Council on National Defense

With the kind permission of the President of the American Nurses Association, a resumé of the organization and functions of the Nursing Council on National Defense is presented to our readers. This Council was organized in July 1940 and its chairman is Julia C. Stimson, president of the American Nurses Association. The membership includes representatives of the following groups: American Nurses Association, National League of Nursing Education, National Organization for Public Health Nursing, Association of Collegiate Schools of Nursing, National Association of Colored Graduate Nurses, American Red Cross Nursing Service, Army Nurse Corps, Navy Nurse Corps, The U. S. Public Health Service (Nursing Service), Veterans' Administration (Nursing Service), Indian Affairs (Nursing Service), The Children's Bureau, Other members are Pearl McIver, R. N., and Ethel Johns, Reg. N.

The functions of the Council are as follows:

1. To determine the role of nurses and nursing in the program of national defense.

2. To unify all nursing activities which are directly or indirectly related to national defense.

3. To study nursing resources, to plan the most effective use of these

resources, to provide for necessary increases, and to set up the machinery which will insure the quickest possible functioning in case of need.

4. To insure the continuance of the high quality of nursing schools and services in order that effective nursing may be maintained in a national emergency.

5. To act as a clearing house regarding nursing and national defense, and to co-operate with other agencies having related activities and functions.

The Nursing Council on National Defense initiated a national survey of graduate registered nurses. The survey was sponsored by the United States Public Health Service in co-operation with the Work Projects Administration. The American Nurses Association, the National League of Nursing Education and National Organization for Public Health Nursing acted as co-sponsors of the project. The American Red Cross made a grant of $5,000 to the Nursing Council on National Defense to cover the expense of a statistical worker and clerk in the U. S. Public Health Service office to tabulate the data on the schedules as they were received. The various State Nurses Associations assumed the major responsibility for distribution and editing the schedules. On May 1, 1941, a total of 453, 549 schedules had been mailed and 272, 309 completed questionnaires had been returned but it is doubtful whether the material will be coded and placed on punch cards before September of this year.

The Nursing Council on National Defense has created three committees: (1) Committee on educational policies and resources; (2) Committee to consider public health nursing problems as they relate to the work of the Council; (3) Committee on public information. The committee on educational policies and resources has been especially concerned with the study of ways and means whereby federal aid might be secured for nursing education; a brief, entitled "A proposal to expand the present nursing education program to provide for National Defense needs", was prepared by its chairman, Miss Isabel Stewart. The brief emphasized the need for expansion of the basic educational program for nursing and for the establishment of refresher courses for registered nurses. Supplemental courses were also recommended for nurses who are entering branches of work for which they are inadequately prepared. The proposal has been referred to a number of official groups in Washington for consideration and with some modification has been approved.

A bill providing for an appropriation of funds for nursing education has passed Congress and was signed by the President of the United States on July 1, 1941. The Act provides for a sum of $1,200,000 to be expended under the direction of the Surgeon General of the U. S. Public Health Service for refresher and postgraduate nursing courses, including midwifery, and for basic nursing education courses.

On September 19, 1940, the President of the United States approved an order establishing the Health and Medical Committee. The function of this committee is to advise the Council on National Defense and to co-ordinate health and medical activities affecting national defense. In accomplishing its purpose the Health and Medical Committee has appointed a number of subcommittees. Included among these subcommittees are such specialties as dentistry, nursing, hospital administration, medical education, industrial hygiene, and the problems of Negro health. The small official subcommittee on nursing is the channel through which

recommendations made by the Nursing Council on National Defense may be brought to the attention of the Health and Medical Committee and the Co-ordinator of Health and Welfare Activities.

The Nursing Council on National Defense is aware of the importance of maintaining standards in nursing education and nursing service, and has recognized the need of paying more attention to the formation of public opinion regarding nursing standards. Through the co-operation of the American Red Cross, James W. Staples has been employed as a Counselor in Public Information. He will work closely with the (official) Subcommittee on Nursing and the (voluntary) Nursing Council on National Defense and the Nursing Information Bureau of the American Nurses Association. He will also assist in a recruiting program for schools of nursing.

The Nursing Council on National Defense endorsed, in principle, the proposal to establish a summer training course for pre-clinical preparation of nurses at Bryn Mawr College, to be known as the Red Cross Nurses Training Camp. This project was launched under the joint sponsorship of the American Red Cross, the Women's Medical College of Pennsylvania, and Bryn Mawr College. The reason for establishing this training camp is to speed well qualified college graduates through a course of training in less than the usual three-year period. This is being accomplished, first, by selecting more mature college women already equipped with a good background in the biological, physical, or social sciences who can thus proceed more rapidly with nursing preparation and, secondly, by giving them an intensified course in the preliminary training. The students must be between 20 and 30 years of age, hold a bachelor's degree from an accredited college or university, be in good physical health, and agree to enter an accredited school of nursing. The students will be given a choice of schools of nursing, within the limits of the selected schools which have agreed to make arrangements for their admission.

The work of the Nursing Council on National Defense is centered in the office of the American Nurses Association. At a meeting of the Advisory Council of the American Nurses Association the president presented the need for funds to carry on the work of the Council. This appeal is meeting with an excellent response. As developments occur in the National Defense program as related to nursing further information will be sent to all nursing organizations.

## Refresher Course for District 9, R.N.A.O.

Sudbury Chapter, District 9, R.N.A.O., is sponsoring a Refresher Course in Nursing to be held in Sudbury, September 23 to 25 inclusive. The subject will be "Better Nurses—Better Nursing" and the lectures and demonstrations will be of interest to all three groups, hospital and school of nursing, public health, and private duty. Miss Marion Lindeburgh, Director of the School for Graduate Nurses, McGill University, has consented to conduct this course. The registration fee will be $2.00 and further information may be obtained from Miss Aileen Kelly, 160 Kingsmount Blvd.

# What a Blitz Feels Like

It is now about three weeks since our last big air attack. Curiously enough we had the beginning of it here for about one and a half hours, with incendiaries and high explosives. We came to the conclusion that the Hun had mistaken his target and, having started fires, poured his high explosive stuff into the blaze. It was a most unpleasant experience and we know now just what a blitz feels like! Then he passed on to the city, his real target, and raided for about four hours. There the casualties are collected in the seven hundred bed General Hospital which was filled with ordinary cases too, and has a special department for raid victims. It is really a casualty clearing station. The reception wards are very efficiently worked. There are shock wards, decontamination wards, and operating theatres (4 tables per theatre). Surgical units are on twenty-four hour duty, consisting of a senior surgeon, three assistant surgeons, the house staff and the nursing staff.

On this particular night casualties began to arrive at midnight, and in half an hour one hundred and twenty casualties (eighty percent of them operation cases) were taken in, seventy percent needing blood transfusions. At 12.30 a.m. a delayed action bomb of about 2,000 pounds was found just outside the hospital, pointing toward the west wing and the operating theatres. Immediately, in the midst of the chaos, no light, no gas, windows blown in, four hundred patients were evacuated to surrounding hospitals. Convoys of ambulances and nurses carried out their duties without thought of themselves. One hundred cases, too ill to be moved, were protected in the east wing, far away from the danger zone.

This concluded the admission of casualties at the General Hospital and a temporary substitute, already made up in the basement of a department store, was opened and casualties were admitted there. It is about a quarter of a mile from the General Hospital and the staff for it were convoyed over in groups of twelve, marching six yards apart, with orders to fall down flat when the scream of a bomb was heard. This was safely carried out, without hurt to anyone. As the commandant said to me: "They were like the Guards on parade." Within the next two hours, two hundred and twenty-three cases were admitted, 80 percent operative and 70 percent transfused. The worst cases were the results of flying and splintered glass. There were broken spines (as the result of falling debris) fractured limbs and lacerations and a small proportion of bomb fragment wounds. The theatres began work at 4.10 a.m. and finished at 4.30 p.m.

Fifteen hours after the delayed action bomb fell, it went off and blew mountains of earth and debris on to the west wing of the General Hospital, but without a single casualty. Windows and window frames were blown completely out, roofs were severely damaged, three operating theatres were destroyed and the out-patients department damaged, and yet within two days the General was admitting cases as usual, so efficient is the organization and repair staff.

I saw the nursing staff the next day: just very ordinary folk and not a bit alive to the magnificent work they had done. There was just one peculiarity—they carried their heads on one side and protected their eyes with the left arm across their faces. That is their only

fear, blindness from splintered glass—they see so many of these—but it is their *only* fear.

Casualties are only kept as long as necessary to overcome shock, and then are transferred to base hospitals in safe areas. After forty-eight hours only ten percent were in the casualty clearing station. Highest praise goes to the Matron and the Commandant for it is their leadership which carries a great institution through such a night as may arise in a real blitz. Goering boasted in the German communiqué that he had sent over 1,500 planes—to be taken cum grano salis, as with all Hun statements—but it sounded to me like fifteen thousand. I do truly believe that it accomplishes really very little, certainly not enough to justify it.

But I must finish this letter. The siren for the alert has just gone and planes are passing over, but we are evidently not the target tonight. Our feelings are readily summed up in the cartoon which appeared in "Punch" and which showed an anti-aircraft gun crew working feverishly. To them comes a very determined householder, dressed in pyjamas, dressing gown, and bedroom slippers and saying: "Here! let *me* have that gun for five minutes!"

---

*Editor's Note*: The *Journal* is indebted to Miss Cory M. Taylor for obtaining permission to publish this vivid comment made by an English surgeon in a recent letter to a colleague in Toronto.

## Women's Auxiliary Army Corps

On August 14, Miss Elizabeth Smellie, C.B.E., R.R.C., Matron-in-Chief of the nursing service of the Royal Canadian Army Medical Corps, left Ottawa by plane for Victoria, British Columbia, where she began a tour of all military districts in Canada in connection with the organization of the Women's Auxiliary Army Corps.

The Department of National Defence has announced that this is a strictly official tour which Miss Smellie is anxious to complete as soon and as thoroughly as possible. This is not a recruiting tour and no women will be interviewed in this sense. The tour deals more with matters of policy so that each district may be given a clear picture of the situation as it exists in Ottawa.

## R.C.A.M.C. Nursing Service

Acting Matron Edith Dick, who for the past seven months has been in charge of the nursing service of the Toronto Military Hospital, has been appointed assistant to Miss Elizabeth Smellie, C.B.E., R.R.C., Matron-in-Chief in Canada of the Royal Canadian Army Medical Corps. Acting Matron Dick is now attached to Military Headquarters in Ottawa and will thus be able to relieve the Matron-in-Chief who is now engaged in the organization of the Women's Auxiliary Army Corps. In the Toronto Military Hospital, Miss Dick has been succeeded by Acting Matron H. J. Howe. A number of other promotions and new appointments will shortly be officially announced.

# Canadian Nurses for South Africa

National Defence Headquarters has announced that 300 Canadian nurses are sought to volunteer for duty in the South African military hospitals. It is planned that the first group of nurses will leave Canada for South Africa shortly. Under agreement between the Canadian and South African governments, the nurses to be recruited in the Dominion through District Medical Officers will wear the uniform of the Royal Canadian Army Medical Corps Nursing Service with South African badges.

The request for the 300 nurses came from the South African Government to meet the additional demands brought on by the war. To qualify for enlistment a nurse must be a British subject, physically fit, a graduate of a recognized school of nursing and registered in her provincial nursing association. Canadian nurses going to South Africa will sign on for one year's service with option of renewal. First class passage from Canada to South Africa and return will be provided. The volunteers will receive the regular uniform allowance of $150 paid to Nursing Sisters of the Royal Canadian Army Medical Corps but will be granted South African rank, pay and allowances. These details are available through the district medical officers.

Recruiting for the South African Military Nursing Service has already begun, and will be continued through district medical officers at Military District Headquarters across Canada. In Military District No. 2 (Toronto), Nursing Sister Helen Boehme, formerly a member of the nursing staff of the Christie St. Military Hospital, and Miss Mary Eleanor Ball, formerly of Montreal and now of Toronto, have already been appointed to the group of Canadian nurses who will serve in South African military hospitals and other appointments will be made shortly by Colonel Hagerman, district medical officer.

---

# For R.C.A.M.C. Sisters in England

Thanks to the generosity of Colonel and Mrs. Kenneth Maitland, members of the R.C.A.M.C., Nursing Service in Britain may now spend their leave at Digswell Place, in the heart of the peaceful countryside. There are tennis courts and a golf course and everything possible is done to make the nurses happy and comfortable. Three of Colonel Maitland's children are safe at school in Montreal and he and Mrs. Maitland have chosen this means of expressing their gratitude to Canada.

The photograph displayed on the cover of this *Journal* shows Colonel Maitland and Matron-in-Chief E. F. Pense on the lawn in front of the beautiful house. The home was officially opened by the Rt. Hon. Vincent Massey, High Commissioner for Canada. The following were also present at the opening ceremony: Matron M. Macdonald of Halifax; Matron A. J. Macleod of Edmonton; Matron C. T. Lunn of Winnipeg; Matron A. C. Neill of Toronto; Assistant Matron M. R. Shaffner of Toronto; Assistant Matron N. Kennedy-Reid of Montreal; Nursing Sisters M. Baldwin, F. MacLeod, H. E. Campbell, and M. Grandy.

# Organizing a Competent Staff

E. M. Leeson

*Editor's Note*: Mrs. Leeson has served with conspicuous success as superintendent of Nicholls Hospital. In *News Notes* mention is made of the tributes paid to her upon her retirement.

---

On looking back over a period of years I decided that our experience might be of interest to those who have had similar difficulties. The Nicholls Hospital has 96 beds and a daily average of 82 patients. When I took charge, twenty years ago, our staff consisted of a superintendent, an assistant superintendent, an operating room supervisor and a night supervisor. The operating room and night supervisors were very recent graduates.

With change in the personnel only, January 1926 found our staff consisting of the same number. This meant that three people must cover administration, teaching, the operating room, the labour room, and ward supervision and, in addition, spend much time on the telephone. During the intervening years our patients had greatly increased in number, especially in the obstetrical department. By this time also, the students were required to write on Provincial registered nurse examinations. It takes a considerable amount of persuasion to convince a board of governors to increase their budget by $1000 a year for the staff. However, the first thousand is much the hardest and in 1926 we succeeded in securing the appointment of an obstetrical supervisor.

During these years we had an excellent housekeeper, but no dietitian. In 1927 the housekeeper resigned and, as special diets were on the increase, a dietitian was appointed. During the next year an instructress was appointed to our staff. This made a drastic change, as lectures were stepped up from about 175 to over 700. Then, with students off duty for class, it was found necessary to engage graduate general duty nurses.

Our next objective was to have fully qualified floor supervisors. This came gradually, and in 1937 our staff consisted of a superintendent, an assistant superintendent, an instructress, an obstetrical supervisor, a night supervisor, a medical and surgical floor supervisor, each with a post-graduate university course. In addition, each supervisor had an assistant graduate nurse in her department.

Now having so well prepared a staff our next step was to encourage post-graduate work. In the following two years, post-graduate work was done by the assistant superintendent (one month at a New York Centre); the instructress (four months in England and Scotland); the obstetrical supervisor (six weeks in Columbia University); the dietitian (six weeks at a New York Centre); the assistant operating room supervisor (four months at the Toronto General Hospital). The Board of Governors recommended that all staff members should spend at least two weeks every three years in post-graduate work and that salaries should be paid during that time.

However, there is always a fly in the ointment. Good supervisors are in demand and large hospitals are a great magnet, and girls will get married. But having built up an excellent staff, we hesitate to engage a supervisor without university training. Over a period of years I am more and more convinced that to graduate good nurses, proper and sufficient supervision must go hand in hand with teaching.

# Notes From the National Office

**Contributed by JEAN S. WILSON,**
**Executive Secretary, The Canadian Nurses Association**

## Hospital Training for the V.A.D.

In these *Notes* for July there were published, in resolution form, decisions made at a joint conference of representatives of the Canadian Hospital Council and the Canadian Nurses Association, in regard to hospital training for V. A. D.'s. It is recalled that the Canadian Red Cross Corps had asked for hospital training for selected members of the Nursing Auxiliary Section of the Corps. At the joint conference it was deemed advisable for selected hospitals to set up experimental courses for voluntary nursing aides following a syllabus prepared by a sub-committee of the Canadian Red Cross Society and the St. John Ambulance Association as might be revised by the Canadian Nurses Association.

Early in July, the Canadian Nurses Association released to the National Commandant of the Corps, an Outline of Syllabus for hospital experience in general medical, surgical and paediatric services for Voluntary Aid Detachments, as prepared by a special committee of the C. N. A. In preparing the Outline of Syllabus, care was taken to recommend that the teaching of the V. A. D. include only such treatments as any woman should be able to carry on in a home and that the V. A. D. be instructed in such duties as would tend to make her capable of assisting the permanent nursing staff in a civilian hospital, should she be called for such service.

When giving approval to the Outline of Syllabus, the Executive Committee of the C. N. A. prepared a preamble in which were emphasized certain points for the information and protection of civilian hospitals offering practical experience to V. A. D.'s. These points are:

The appointment of a registered nurse to supervise the work of the V.A.D.; it is stressed that the supervisor should be a nurse who is or has been successfully engaged within the past year in active bedside nursing. An adequate ratio of supervisors to V.A.D.'s should be not less than 1 to 10.

The length of course to be approximately two months, with daily average of four hours, probably toward end of course extending to eight hours, including a few nights, as valuable in establishing self-confidence and as a physical test.

It is emphasized that V.A.D.'s should at all times be considered as *assistants* to the permanent nursing personnel and that for their own protection, as well as the patient's they not be allowed to assume either advanced nursing duties or exclusive responsibility.

In respect to the legal liability of hospitals giving experience to V.A.D.'s it was learned that the relationship must be that of employer and employee; therefore it is recommended that hospitals secure the necessary type of insurance for protection.

The C. N. A. was duly informed that the Outline of Syllabus and recommendations, together with a plan for hospital training for V. A. D.'s prepared by a sub-committee of the Nursing Auxiliary Section of the Canadian Red Cross Corps, were approved by the Canadian Red Cross Society. In giving approval, the Canadian Red Cross decided that the plan should be tried out first in the city of Montreal where there is a Detachment of the

Corps ready for training and where the superintendents of the Montreal General Hospital and the Royal Victoria Hospital were ready to put the plan into practice.

In the opinion of the Canadian Red Cross, "the plan should include not only the Outline of Syllabus as at present but suggestions as to the timetable and other details resulting from the experiment in Montreal, which would be a most valuable guide for other hospitals which might wish to adopt it. The Canadian Red Cross Corps, therefore, is to authorize the Montreal Detachment to take immediate action, to observe carefully the experiment as worked out in Montreal, and to report back to the Corps as to the plan as a whole, and suggestions as to carrying it out before the Canadian Red Cross Society sanctions the extension of the plan to other hospitals."

It has been learned that during the last week in July two classes of four members each of the Nursing Auxiliary Section of the Canadian Red Cross Corps commenced a course in hospital experience at each of the two hospitals in Montreal, selected by the Canadian Red Cross Society.

A copy of the Outline of Syllabus has been sent to the office of each provincial association of registered nurses where it is available to those who wish to learn its contents.

The Canadian Nurses Association has received the following resloution of thanks from the Canadian Red Cross Society:

That the thanks of this Executive Committee (C.R.C.S.) be tendered to the Canadian Nurses Association for their sympathetic attitude towards the request of the Canadian Red Cross Society for their co-operation and for their prompt action in preparing a plan and syllabus for the guidance of the Canadian Red Cross Society and the selected general hospitals.

## British Nurses Relief Fund

Recently, the Royal College of Nursing sent the Canadian Nurses Association an expression of "British Gratitude to the Nurses of Canada" from which the following has been prepared for inclusion in these *Notes*:

Some nurses are barely escaping with their lives; some indeed, and their number is steadily mounting, have paid the supreme sacrifice. 'Lost all' is a very frequent entry on the application forms, the following details being characteristic — "A land mine and several bombs caused the damage and the whole interior of my home of 21 years was blown up. The picture of the Blessed Virgin was still intact on my bedroom wall. The fireman got me that, which I value very much but I was unable ever to get into the place again. There is only a vacant piece of ground there now."

But the destruction of mere possessions is of small consequence compared with loss of health and earning power, especially when one is young and on the threshold of a professional career, and the young nurses have stood their ground with their seniors fearless, to outward seeming, in the face of death. They, because of their youth, are spared the miseries of intractable sleeplessness, but the crippling effects of grave injury are, for them, more tragic. The help that the nurses of Canada are sending to their British Colleagues gives that sense of professional companionship which can and does lighten the burden. The need is for prompt cash grants to tide air raid victims over the difficult period till official claims are met.

The Royal College of Nursing, which administers the fund for bombed civilian nurses, regards each application for help from the nurse's point of view, understands the problems involved, links monetary help with professional guidance or arrangements for a holiday and change of scene (the Royal College has lists of hostesses all over the country ready to welcome these

bombed nurses into their homes), sends its area organizers to visit special cases, helps the nurses to realize that other nurses at home and abroad will stand by them. British nurses do feel this, and send heartfelt thanks to the nurses of Canada for what is being done to help them in this dark hour.

Also, when acknowledging the latest donation ($5,000.) from the C. N. A., the Secretary of the Royal College of Nursing wrote: "The generosity of the Canadian nurses is overwhelming and I do not know how to thank you on behalf of all the nurses we shall be able to help from the money you are sending us. Please accept our grateful thanks for your kind thoughts and help". When sending contributions to Britain assurance is given of recognition by the nurses of Canada of the inadequacy of their financial aid in expressing their desire toward helping alleviate the sufferings and losses of the nurses of Britain.

Due to rather large donations from Canadian nurses, the committee of administration for the British Nurses Air-Raid Victims Fund has decided to operate a separate fund as apart from donations received through the South African Trained Nurses Association. The separate fund is named "The Canadian Nurses Fund for Civilian Nurse Air-Raid Victims". A regulation application form has been printed for the use of nurses who, due to enemy action, find themselves in need of some financial help. A statement of regulations in regard to the Canadian Nurses Fund has been printed and will serve as a means of giving publicity to the availability of the Fund. Canadian nurses are pleased to learn of the set-up of the separate fund and will now proceed as energetically as ever to support the British Nurses Relief Fund of the Canadian Nurses Association.

## British Nurses Relief Fund

Contributions to the British Nurses Relief Fund have been received from:

| | |
|---|---|
| *Alberta*: | |
| Alberta Association of Registered Nurses | $200.00 |
| *Nova Scotia*: | |
| Registered Nurses Association of Nova Scotia | 36.75 |
| *Ontario*: | |
| District 1: | |
| Sarnia General Hospital Senior Students | 30.00 |
| Sarnia General Hospital: Intermediate Students | 15.00 |
| Individual contribution | 3.00 |
| Districts 2 and 3: | |
| Simcoe Nurses, Registry & Staff | 50.00 |
| District 5: | |
| 1941 Graduation Class, St. Michael's Hospital, Toronto | 50.00 |
| A.A., Toronto General Hospital, Toronto: Garden Party | 1538.66 |
| A.A., Toronto General Hospital, Toronto: July contributions | 125.00 |
| Toronto Western Hospital: A.A., Red Cross Auxiliary | 50.00 |
| Toronto Western Hospital: Preliminary students | 11.00 |
| Toronto Western Hospital: Student Nurses | 56.00 |
| Individual contribution | 6.20 |
| District 6: | |
| Port Hope nurses | 34.00 |
| District 9: | |
| Sault Ste. Marie nurses | 25.00 |
| Kirkland Lake nurses | 100.20 |
| Individual contributions | 5.00 |
| Individual nurses | 3.00 |

## Nightingale Memorial Fund

Contributions to the Florence Nightingale Memorial Fund have been received from:

| | |
|---|---|
| *Alberta*: | |
| Public Health Section, Alberta Association of Registered Nurses | $10.00 |
| Hospital and School of Nursing Section, Alberta Association of Registered Nurses | 10.00 |

# O.N.S.A. News-Letter

The following letter from Miss F. Goodall, secretary of the Royal College of Nursing, speaks for itself: "On May 24 I received the following cable: 'Gift of four hundred pounds sterling at Royal Bank of Canada Cockspur Street for civilian nurse air raid victims fund from Great War veteran nurses of Canada.' I was very glad to get your letter telling me about the Overseas Nursing Sisters Association of Canada and very interested to know that it consists of veterans of the Great War who will appreciate what we are going through over here. I should be grateful if you would convey to all the members of the Association our warmest thanks, not only for the very generous help they have sent, but also for their kind thoughts."

Recent correspondence from the *Winnipeg Unit* states: "We had our Spring tea and in spite of all day rain (a most unusual thing in Winnipeg I assure you) we made $128. for our war charities. Our total Manitoba War Effort to date is $1,152. We held our general meeting in June so that the club as a whole could have a voice in the disposition of these funds. The club was unanimous in backing a resolution that we send $1,005.75 to Prime Minister Churchill for the relief of civilians in the bombed areas in Britain. It was also unanimously agreed that we send $100. to our local Red Cross, to be used to provide comforts for the civilian defence workers of Britain. This leaves a balance of $47. in our war charities fund to which we hope to add when we begin our activities in the fall. Many of our members (myself included) were very disappoined that we could not carry out our original idea of a Mobile Unit for the bombed areas, but we feel it would be quite an effort to do so on our own. Do you thnik it possible for all clubs to get together and make that our objective for 1942?"

News from the *Edmonton Unit* reveals that that indomitable small group has over three hundred more dollars to add to our Fund for British Nurses — Bravo, Edmonton! Members of the *Toronto Unit*, in addition to many other activities, continue to pack parcels for the Red Cross for shipment to Canadian prisoners of war. Members of the *Montreal Unit* help to make ready for shipment to Australian prisoners of war over 1,000 parcels every week. This work is also carried out for the Red Cross.

We are conscious of the signal honour bestowed upon Canadian nurses in general and our group in particular in the distinction bestowed by the Government of Canada upon Miss Elizabeth Smellie, C.B.E., R.R.C., who in addition to her duties as Matron-in-Chief in Canada, R.C.A.M.C., has been named to supervise the organization of the Women's Auxiliary Army Corps. We congratulate Miss Smellie and bid her Godspeed in her great and responsible duties.

We regret to record the death of four members of the Toronto Unit. On February 20, 1941, the death occurred suddenly of Winnifred Alward, a graduate of the School of Nursing of the Rochester General Hospital, who served overseas in the first World War with Number 10 Canadian General Hospital in England. On May 2, 1941, the death occurred of Laura Adams, a graduate of the School of Nursing of the Galt General Hospital, who served overseas in the first World War in military hospitals in England and in France. On February 28, 1941, the death occurred of Isabelle McWilliams a graduate of the School of Nursing of the Toronto Western Hospital, who served overseas in the first World War in military hospitals in England. On April 14, 1941, the death occurred of Gertrude Martha Roberts (Mrs. W. M. Humphries) a graduate of the School of Nursing of Grace Hospital, Toronto, who served overseas in military hospitals in England and France during the first World War.

E. Frances Upton,
*Secretary-Treasurer*, O.N.S.A.

# Overseas Mail

The *Journal* is indebted to Miss Eileen Flanagan for the privilege of publishing the following letter written to her by Sister Ida Heany of the London Hospital:

How thankful we are that we have the friendship of the Canadian people! In all the dull, trying days we love to talk of our happy time spent with you, and to renew our vow to return and see you all after the war, even if it means going on a cattle boat. The five of us who were sent to organize the Annex are getting on with the good work, and we already have two hundred patients. I go out to sleep in a house, about a ten-minute walk away. It is very pleasant, except that at the end of a long day the up-hill walk is just the last straw, and I have, therefore, invested in a bicycle.

We keep the old standard of time and so work from 8.30 a.m. to 10 p.m., and even that leaves much to be done. Still, we are happy and just love it. We get one day a week off duty and Saturday and Sunday every fifth week. I am specializing in diabetics and have to get the teaching unit in order. By this time we are so used to "alerts" and gun fire that we take no notice. We are mighty proud of our young airmen. They, and the navy, are so wonderful.

We had a re-union at the London Hospital last Saturday, and about two hundred nurses turned up. It was a grand meeting, although the dear old place did look grimy. The Poplar Hospital was cut in two, but they are still functioning. Alas! We lost three friends on that awful night. I think the younger generation is marvellous. They take all the upsets, hardships, and trials, and yet manage to laugh, and enjoy life, even when all their best possessions are bombed. At the Annex I have many of these young people who suffered in the last attack, but are now getting well in the fresh air.

It has been a cold, wet summer but I have a small garden in which grow radishes, lettuces, greens, sweet peas, and other flowers of all sorts, and *onions*. Rationing of clothes is really funny. If you want a pair of shoes you must think, not in terms of money, but coupons. We all wear bright colours and no hats, even though they are coupon free. The young people do not wear stockings, and it is considered a credit to be tidy but a little old-fashioned.

We have many evacuees down here and they are so brave, although some have lost everything they had. There is another London Hospital unit about ten miles away, and sometimes we foregather and compare notes. Our huts are creeping on towards perfection and we are allowed thirty-six instead of forty beds. This makes a great difference in the appearance and comfort of the ward. We are still able to wear our London Hospital caps and uniforms, but wonder whether this will have to be discontinued, for our old-fashioned dresses take many yards of material and eat up many valuable coupons. Time will tell.

We are thinking of running a London Hospital cycling club, but one never knows when a change will take place. We live in our trunks, ready packed for any duty. Life is curious, and really very exciting. I used to long to be in one of the military services, but I think our civilian work has been as good as theirs. At least, when we meet and talk with them, we seem to have had more exciting escapes than they have.

Some of our Montreal readers will remember with pleasure Miss Irene Robson who, at the time of her visit to Canada, was a member of the nursing staff of the London County Council Hospitals. In a recent letter, addressed to Miss Eileen Flanagan, she speaks of her adventures:

Last October I was appointed matron in a mansion in the country which had been turned over by the government and converted into a forty-bed maternity hospital. This was opened primarily for the use of London women who had been evacuated to this Welsh county and will be retained by the County Council after the war. I was

able to bring with me a very fine Sister, and three partially-trained nurses. I have two other mid-wives on the staff. I am the general factotum and do all the housekeeping and ordering in addition to directing the gardeners, and the engineer. The domestic problem is now acute, for girls get very good wages at the munition factories.

I expect that you have seen films showing the fires in London. I was there during some of the early ones, and it was an amazing sight. Our hospital was on the same level as the dome of St. Paul's Cathedral, and when the docks were set ablaze there were fires all along the horizon as far as we could see. For months our nurses were not allowed to sleep in their rooms but slept on mattresses in the underground passage of the hospital. At first it was awful, but when the anti-aircraft guns arrived it was amazing what a feeling of confidence they gave us. We all adopted the attitude that if a bomb was meant for us, there it was. I slept nightly with a "run-bag", and also my last will and testament, and my insurance policy. The "run-bag" contains the most treasured things which we should like to pick up if the worst happened and we had to run for it.

The population of this Welsh county has increased by 30,000. Rationing of food makes for equal distribution, but still there are queues. The shops have little to sell and often there will be a card in the window "No cigarettes, sweets, saccharine, or chocolate". Yet we all look quite well, and the staff are gaining in weight, although I always weigh out the rations. At first there were great difficulties but now things are so well organized that they run smoothly even after a blitz.

Many of the London County Council hospitals have been so damaged that they have had to be closed, and their staffs distributed to other areas. The sirens wail out the alarm, but little notice is taken unless the planes are directly overhead. Such a lot of time was wasted at the beginning of the war when we all used to fly to our burrows underground. I like to work here and take a case occasionally just to let the people see that I am a real mid-wife.

I have bought four pigs for the hospital and got permission to form a pig club. The fee was two pounds each to start, and four shillings a month afterwards. The pigs should be fit for bacon by November. The two gardeners do the work and the other members of the club pay their dues for them. It is difficult to get sugar for fruit this year, so two villages have formed a preservation centre and I am the organizer and technician. I have been to an agricultural college for instruction in bottling and jam-making, also in canning of fruits and vegetables. The difficulty will be to get people to pool their fruit so that each one will have the amount allowed on each ration book. The clerical work is immense but I hope to see that each gets their proper share.

I hope this letter will not sink to the bottom of the sea. This is the year I had hoped to meet you all again in Canada, but now I have spent all my money. However, I will have some insurance money coming to me in 1943 and will come across then.

---


## Abbott Laboratories

Harry D. Cook, well-known business executive, has been appointed general manager of Abbott Laboratories Limited, Montreal. His entire business life has been spent with the Abbott organization, starting in a junior capacity. The appointment of Mr. Cook to the post of Canadian general manager coincides with the recent greatly expanded manufacturing facilities of the company in Canada. The Abbott Laboratories was founded in 1885 by Wallace Calvin Abbott, a young physician of genius. He established the first medical laboratory in North America. Ever since then, a remarkable devotion to the highest ideals of medical science, has characterized Abbott research, and service to the cause of medicine. Other British Empire plants and depots are located at Perivale, England; Wellington, New Zealand; Sydney, Australia.

# PUBLIC HEALTH NURSING

Contributed by the Public Health Section of the Canadian Nurses Association.

## The Volunteer Worker in the Official Public Health Nursing Agency

FRANCES E. BROWN

The modern volunteer has her prototype in the person of the devoted women of the old world, who, before the coming of hospitals, trained nurses or social service organizations, went about in the homes of the poor, nursing the sick and dispensing alms for the relief of suffering and to the Glory of God. It is this desire to serve mankind which motivates women in Canada to offer their services to nursing and social welfare organizations in 1941.

Private health and social agencies have, for many years, utilized the services of volunteers but it is only recently that official bodies have included this type of subsidiary worker in their staffs. The time has now come when, for many reasons, the official organization should make the development of a volunteer service a definite part of its program. In official public health nursing agencies there is at all times more work to be done than there are people to do it. This is especially true in wartime when budgets are cut to the bone and every item of expenditure is scrutinized most closely. The volunteers multiply the hands of the nursing staff. By using their services more time is made available for those duties which only a trained worker can do, thus increasing the effectiveness of the nurses and making it possible to extend their work.

The second contribution which the volunteer makes to the nursing agency is that of interpretation. All will agree that the work of public health departments needs interpretation. Volunteers working closely with the nurses in the field have an opportunity of seeing at first hand the program of the agency, of learning the value of this service to the community, and of understanding the problems with which the agency is faced. These informed lay workers can be the best interpreters of our work to the general public who are the tax payers. It must be remembered, however, that each volunteer who works with the nurses becomes an interpreter whether we wish it or not. How she interprets our work to her friends and acquaintances depends upon how well we have made her understand our policies and objectives, and whether she always sees a piece of work so well done that she can truly believe in it. If this is not the

case, her interpretation of us and our work may actually become a liability.

The third advantage which comes to a health agency in employing volunteers is the development of the staff worker. The public health nurse covering the same ground, year after year, is apt to become narrow in her outlook. Daily contact with the volunteer helps the nurse to get the feel and point of view of the public. Close association with volunteers who are usually women of higher education, good social background, and high ethical standards, develops and broadens the personality of the nurse.

As a result of questionnaires sent out to the health departments of the provinces and the larger cities of Ontario, it has been learned that volunteer service is being used in six provinces of Canada and in many Ontario cities. These volunteers are obtained through the I.O. D.E., the Junior League, women's clubs, and from private sources. For the most part, they are assigned to well baby and hospital clinics where they do clerical and other routine work.

The Division of Nursing of the Toronto Department of Public Health has used volunteer service since 1921 when members of the newly organized Junior Association, now the Junior League, agreed to give weekly assistance in the well baby clinics. This work has been continued and developed throughout the years with most satisfactory results. The employment of volunteers has made possible the maintenance of standards and the extension of work when the nursing staff had to be reduced. In May, 1941, seventy-five volunteers were attached to the Nursing Division giving forty-three days of service weekly (the equivalent of the time of six nurses) in the schools, child health centres, district offices, and hospitals of the city.

The length of service with the Department of the seventy-five volunteers is as follows: 18 years, two; 14 years, one; 12 years, two; 8 years, one; 7 years, one; 6 years, three; 5 years, two; 4 years, ten; 3 years, nine; 2 years, ten; 1 year, twenty-five; less than one year, nine. This record, plus the fact that our volunteers are not leaving us now to engage in wartime activities, would seem to prove that the individual volunteer derives personal satisfaction from her work with us.

The public health nurses of Toronto give service to one hundred and twenty-five schools in the city. Many of the duties connected with this work can be done quite as well by the twenty volunteers who assist the nurses there with the following duties: clerical work (recording, copying, filing, etc.); weighing and measuring children; making dental appointments; checking supplies and laundry; locating children in classrooms; taking messages to classrooms; making supplies. We feel it would be impossible to do a satisfactory piece of work in our twenty-three child health centres in Toronto, were it not for the assistance of the fifty-two volunteers who are responsible for the following duties: clerical work (filing, sending out absentee notices, recording weight, etc.); weighing babies; bringing mothers to the doctor's room; checking supplies and laundry; making wipes; setting up the centre.

The volunteer is also very valuable in the district office where there is always so much routine work to be done. Although only three volunteers are thus engaged, they save the office staff hours of time in the following services: clerical work (writing receiving slips, entering mail, filing, addressing envelopes); typing reports; tabulating statistics; relieving on the telephone; making dressings and other medical supplies. The hospital health service work carried on by the Nursing Division of the Depart-

ment of Public Health in the hospitals of Toronto, is made very much more effective by the assistance of eight volunteers who give four days service weekly to five hospitals doing the following types of work: clerical work (checking follow-up file and sending out letters to absentees, sending reports to districts); securing charts from chart room; assisting in chest and obstetrical clinics (graduate nurses); transportation.

Although the Junior League furnished the first volunteers to the Toronto Department of Health, the League has now extended its interest to other fields and at the present time the nurses are largely recruiting their own workers as shown from the following figures: procured by nurses, 46; personal application, 13; I.O.D.E., 6; Junior League, 5; Hospital Alumnae Associations, 2; Central Volunteers Bureau, 1.

In studying the background of the volunteers who work with us to find out what kind of business or professional experience is the best preparation for a successful volunteer, we were surprised to learn that the majority had no special qualifications for this type of work. It may be that this point was not covered adequately on the questionnaires returned. Graduate nurses, especially those with recent public health training, are of course extremely useful as volunteers in an organization such as ours. Teachers, and women who have had a successful business career, appear to be especially well fitted for meeting the public and for doing the detailed clerical work which requires training and accuracy. The following is the data on this point respecting the seventy-five volunteers now with us: no special training, 37; clerical or business training, 15; graduate nurses (with public health training, 7), 14; teachers, 8; social service training, 1.

The first and most important means of making volunteer service effective is to secure the interest and complete cooperation of the nursing staff. There is no surer way of killing volunteer effort than to force volunteers upon an unwilling staff. The advantages of volunteer service should be fully explained to every member of the organization. If there still remain nurses who insist upon doing every small detail of their work themselves, claiming that they "can't be bothered with volunteers", an effort should be made to persuade them to discard this shortsighted point of view. The nurses should be encouraged to find new volunteers and given the responsibility for keeping them.

The education of volunteers is another important factor in getting the most out of this service. If possible, one person in the organization should be made responsible for volunteer work. Whatever means is used in educating and training the volunteer it would seem necessary that each worker should be thoroughly informed on the following subjects: what public health nursing is; the agency's program; the agency's relationship to other social and health organizations; the responsibility of the volunteer. Central Volunteers' Bureaus have now been established in four cities of Canada, including one opened in Toronto during the past year under the auspices of the Welfare Council of Toronto and District. In the future, no doubt, much responsibility for volunteer work in cities will be assumed by these organizations.

The set-up of the Toronto Health Department with its eight district offices is ideal for the recruiting, training, and placement of volunteer workers. The volunteer, found by the nurse, frequently lives near the district office. Here she is interviewed by the district superintendent who secures and records on a form designed for the purpose such information as name, address, telephone,

age, religion, special qualifications, kind of work preferred, days and time available for duty, and the name of the agency or individual referring the volunteer. An appointment is then made for the volunteer to see the director of the Division. At this interview the volunteer is given a brief outline of the organization and policies of the Division of Nursing with an explanation of what is expected of her regarding punctuality, regularity of attendance, and responsibilities to be assumed. She is also reminded that any information coming to her attention in the course of her work must be regarded as strictly confidential. Further training of the volunteer is left to the district superintendent and to the nursing staff, and is carried on by means of frequent visits to the district office and instruction given on the job.

A third and very important means of increasing the effectiveness of the volunteer is to give her a sense of accomplishment and satisfaction. This is a responsibility which belongs to everyone from the top down. Means of doing this include placing the volunteer where she is most satisfied. It may be necessary to have two or more changes of jobs and nurses before the volunteer is located where she is most contented and can contribute most to the organization. The capabilities of the volunteer should be studied and tasks should be given her which are equal to her capacity. An effort should be made to avoid giving her too much routine work which leaves "her brain begging for a chance." The volunteer should be made to feel that she is necessary and that she is a member of the staff with an important work to perform. The nurse should avoid a patronizing or toadying attitude. There should be mutual respect and honesty between the volunteer and the nurse.

In Toronto, we endeavour to keep the volunteer happy and satisfied in her work by making her one of the district family. She is invited frequently to the district office for lunch, is included in any district festivities, and is sent greetings at holiday time. Once a year we have a formal tea to which all volunteers who have assisted throughout the year are invited. The chairman of the Board of Health, the medical officer of health, the district medical officers, and all members of the nursing staff also attend this function. This year, the Mayor attended and gave a brief, inspirational talk. We believe that this effort to make the volunteer feel that she is one of us, and that our problems are her problems also, is largely responsible for any success that we have had in this program and is much more effective in keeping volunteers interested and on the job than membership in a larger, more impersonal volunteer organization.

In Canada at the present time there are many hundreds of volunteer workers assisting public health nursing organizations. The number of these workers should be increased year by year and some thought should be given to extending the work which the volunteers are now doing. Volunteer service is important to the official public health nursing agencies in order to increase nurse power, for interpretation and publicity, and the personal development of the staff worker. For making effective a volunteer service, the full co-operation of the nursing staff is necessary. Each volunteer should be educated and given personal satisfaction in doing her work. Public health departments may thus increase their service and build up a body of informed public opinion which will support public health projects and expenditures, and the members of the community will be better prepared to take their place in the new order which will surely come in this sad world when the war is over.

# STUDENT NURSES PAGE

## A Nursing Study of Myocarditis

GERTRUDE DEMERS

*Student Nurse*

*School of Nursing, Moose Jaw General Hospital*

Mrs. A. was admitted by ambulance to the public ward with a diagnosis of chronic degenerative myocarditis. The term is used to designate changes in the heart muscle, usually inflammation, resulting in impairment of cardiac efficiency. So long as the body demands are within the limits of the remarkable reserve force of the heart, even though there are heart lesions, no symptoms of distress appear. But when these demands become too great and the heart fails to supply an efficient circulation, the body is no longer able to function normally and symptoms of distress appear.

Mrs. A. complained of breathlessness; this appears at first only on exertion and is a sign of the body's urgent need of oxygen for, since the action of the heart is impaired, there is inadequate oxygenation of the blood. Other symptoms were an increased and irregular pulse rate, discomfort in the cardiac region and slight oedema of the extremities. She also complained of weakness and nausea. Left a widow at an early age, with two small children to care for, Mrs. A. has always had a certain amount of mental strain arising from financial worries. Her age was seventy-one years, probably the main predisposing factor. She has always worked hard but she makes the best of circumstances and is indeed a true Canadian.

She was placed in a Gatch frame bed, a type easily adapted to her postural requirements. This facilitated the maintenance of a sitting position which afforded greater ease in breathing and an improved oxygen supply. A soft diet was ordered including the easily digested foods, those which would cause gas formation through fermentation being avoided. A biscuit and small glass of milk were allowed between meals and at bedtime so as to prevent faintness and as an aid in inducing sleep. Fluids were restricted to fourteen hundred cubic centimetres and taken, for the most part, between meals. Too much fluid distends the stomach, thus increasing the heart's load, and may also cause oedema particularly of the extremities. The aim of this treatment was to lessen the demands on the overburdened heart muscle, to build up its reserve force and to establish a mode of living well within the limits of this reserve.

A daily bath was given each successive morning to keep the skin in good condition, to remove perspiration, and to refresh the patient. The hair was kept neatly braided and the nails short and

clean. I was careful to rub the back well with alcohol and to apply talcum powder several times a day. This was important since elderly persons, due to their impaired circulation, are more prone to develop pressure sores. The ward was kept bright and cheerful with plenty of fresh air and sunshine, in order to supply plenty of oxygen with the least possible effort. I kept her warm, giving her an extra blanket whenever necessary, for the mechanism controlling body temperature is not as efficient in old age as it is in youth. At meal-time the soft diet tray was placed in the most convenient position, so as to avoid undue exertion on the part of the patient. The food was served as attractively as possible. Usually the evening meal was light and served at an early hour.

The total urinary output was measured and compared with the fluid intake to test the efficiency of the kidney action; this was an important guide for the doctor in regulating the amount of fluid allowed. Although it is rather difficult to teach an elderly patient, I tried to stress the importance of regular elimination, the correct diet and the practice of good health habits. I explained the dangers of infection and advised her to have periodic examinations by her physician. I also stressed the great importance of a definite, well-ordered routine with plenty of rest.

Cardiac patients should live a sensible, well-balanced life. This means no overindulgence of any kind and adherence to all the health rules. Emotions such as fear, worry and anxiety are most harmful. The hours of sleep should be long and regular with rest periods during the day. Doctor's orders regarding medication and diet should be carefully followed. The diet should consist of light, nourishing foods, no highly seasoned dishes or alcoholic drinks, little salt and restricted fluids. Overweight should be avoided, with its added strain on the heart. Moderate exercise, if permitted, should be taken, although strenuous exertion is dangerous. Movements of the body should be initiated slowly because the rapidity of the heart rate depends greatly on the speed with which movements are begun. Should a cardiac patient contract a respiratory infection, no matter how slight, he should go to bed at once and take the utmost care until completely recovered. Mrs. A. was very co-operative and had great confidence in her doctor, both proving of great assistance in caring for her. She was discharged from the hospital feeling much improved and with high hopes of being about and active again.

As a result of this assignment I learned to be more independent in searching for authoritative material and to organize my studies better. Through a more thorough knowledge of my patient's disease my powers of closer, keener observation were developed and I was able to give more intelligent nursing care. I also gained a better understanding of how to apply knowledge gained in nursing one patient to the care of similar patients. I realized the factors pertaining to this disease and how they affect the mental attitude and physical condition of the patient and that as nurses, we must cope with these difficulties. I also realized the value of co-operative effort on the part of doctors, nurses, patients and visitors. And lastly, I have grown more mature mentally because this experience has helped me to distinguish essentials. I have gained a clearer vision, more tolerant attitude and broader understanding of human nature. And I recognized my patient as still being a member of her family and community with social needs and relationships. Truly this has been a most interesting and valuable experience in my training.

# Book Reviews

**Emergencies in War,** issued by the Canadian Red Cross (Ontario Division), Toronto. 76 pages. Illustrated. Price, twenty-five cents.

The purpose of this excellent pamphlet is defined in an introductory statement written by Miss Florence H. M. Emory, chairman of the advisory nursing committee: "For some years now the teaching of home nursing classes has been recognized as a major activity of the Canadian Red Cross Society. Equally well known is the Manual on Health, Home Nursing and Emergencies, used as a guide in the teaching of these classes. With the development of a war time situation in Canada there has come an insistent demand from those conducting such classes for supplementary material on emergencies which might arise at such a time. At the request of the nursing advisory committee of the Ontario Division, therefore, this supplement to the Manual has been prepared. The general purpose of the supplement is similar to that laid down in the Manual, namely, to help the individual in daily life to meet an emergency situation with the knowledge which a lay person might reasonably be expected to have and in so doing to render a contribution to the conservation of national health." Dr. J. Harold Couch, of the Department of Surgery of the University of Toronto, has made a most generous and outstanding contribution to the preparation of the supplement to the Manual. The main topics are the psychology of emergencies; surgical shock; wounds; haemorrhage; burns; fractures, sprains, dislocations; resuscitation from drowning, electric shock and gas poisoning; air raid precautions (A.R.P.) Each chapter is followed by pertinent questions and there is a list of references.

While every page is full of clear and practical information, the chapter on the psychology of emergencies is possibly the most valuable. Nurses who are teaching home nursing classes will find this supplement to be a tool they have hitherto sought in vain. Copies should be placed in the hands of every student nurse so that they may apply its principles in their daily work.

---

**Clinical Nursing in Medicine,** by Julius Jensen, Ph.D. (in medicine) M.R.C.S. (Eng.) L.R.C.P. (Lond.) and Deborah Maclurg Jensen, B.Sc., R.N. 808 pages. Illustrated. Published by The Macmillan Company, Limited, Toronto. Price, $3.25.

The content of Clinical Nursing in Medicine is well chosen. After a general introduction which tells something of the development of medicine as a science and discusses history taking and diagnosis, a unit is devoted to fundamental principles. Under this heading, infection and immunity, functional disorders, neoplastic diseases and acid-base equilibrium are included. The next four units deal with metabolic and deficiency diseases, allergy, and diseases due to poisons, chemical and physical agents. Other diseases are considered under the system with which each is associated.

There is a welcome awaiting this interesting book on medicine written from the nurse's point of view. An illustration of the method conveys some idea of the departure from the more usual form of presentation; the discussion on typhoid fever is typical. After a brief introduction the etiology is given. The modes of transmission, direct contact, water, milk, food and carriers are discussed, with points such as washing of uncooked vegetables with contaminated water being mentioned. Symptoms and course of the disease are clearly explained. Under the discussion on complications, the nurse is reminded of the need to be constantly alert since complications are as liable to occur in a slight attack of the disease as in the most severe. The probability of patients becoming emaciated and thus requiring every care to prevent pressure sores is stressed. The danger points are listed. Sections on dietary treatment, isolation and prevention

follow. It is this practical nursing approach including social and public health aspects which will make a strong appeal to both student and graduate nurses. There are a large number of excellent illustrations and the variation in type makes it easy to read. The arrangement of material is convenient for use both as a textbook and a reference. Another commendable feature is that medical terms with which the nurse must be familiar are either defined when used or made clear by the context. A valuable appendix on diets has been prepared by Howard A. Rusk, M.D., F.A.C.P., and collaborators. A second appendix offers a type of record form for the student's basic experience in medical nursing.

---

**Sociology and Social Problems in Nursing Service,** by Gladys Sellew, Ph.D., B.S., R.N. 344 pages. Illustrated. Published by the W. B. Saunders Company; Canadian agents: McAinsh & Co. Limited, Toronto. Price, $3.25

Sociology, or the science of society, has a place in helping to interpret the patient as a social being to the nurse. In the section dealing with sociology, the subject matter has been divided into five units. In the first, social and economic trends are considered particularly in relation to their bearing on health. Unit two is a consideration of personality as a product of social life. A brief outline of cultural development through the ages and different forms of the organization of society follows. Parts three and four continue with a discussion of the family in society and the modern community, both urban and rural. The social security program and the housing program in the United States are of less direct value to the Canadian nurse. The second section of the book contains two units. The first is concerned with social problems in nursing service and a number of interesting case studies are given. In the last unit the medical-social problems of the community are presented, particularly in relation to the situation in the United States, but are nevertheless in many respects applicable to the Canadian scene. An outline appears at the begining of each chapter and the suggested problems are practical. There is extensive bibliography and a good index.

---

**Sociology Applied to Nursing,** by Emory S. Bogardus, Ph.D., Professor of Sociology, University of Southern California, and Alice B. Brethorst, Ph.D., R.N., Associate Professor of Education, Dakota Wesleyan University. Published by W. B. Saunders Company; Canadian agents: McAinsh & Co. Limited. 294 pages. Price, $3.00.

This is a simply written introductory book on sociology with applications for the nurse. The subject matter is conveniently considered under the headings of orientation, personality, the family and the community. The book concludes with two chapters on social problems in nursing service and the organization of the community to meet these needs is considered. Each chapter ends with questions based on its content, some thought-provoking exercises and extensive reading lists. Due to a wide range of topics, the treatment of each is necessarily brief and sometimes gives the impression of being oversimplified. Interesting comment is made on the International Council of Nurses as an international organization promoting good will among the peoples of the world.

---

**Are Your Vegetables Well Nourished?** by Margaret D. Hopkins, Reg. N. Price five cents per copy, profits to be donated to the British Nurses Relief Fund.

This leaflet gives concise and timely popular information concerning the importance of making sure that fruits and vegetables are grown in soil which contains the minerals necessary to nutrition. Copies may be obtained from the author at 85 Hollywood Crescent, Toronto, Ontario.

---

**The Care of The Child,** by Alton Goldbloom, M.D., assistant professor of pediatrics, McGill University.

Third edition. Published by Longmans, Green and Co., Toronto. Price, $1.50.

While not specifically intended for the use of nurses, this book will prove useful to them, especially to those engaged in private duty in the home. It contains practical suggestions concerning the care and training of infants and children. Detailed information is given regarding the preparation of infant feeding and there are some good hints on habit training.

## For a Mission Field

The Anglican Caravan Mission of the Athabasca Diocese is rendering excellent service in the Peace River District. The nurse who was formerly associated with the Mission is now engaged in nursing service overseas and it is necessary to fill her place. The salary is $35. per month and a home with the missionary teacher is also provided. Travelling expenses to the District will be paid. Anglican graduate nurses who are interested in mission work should apply to Miss Eva Hasell, M.B.E., Synod Office, Winnipeg, Manitoba.

## Victorian Order of Nurses

The following are the staff appointments to, transfers, and resignations from the Victorian Order of Nurses for Canada:

*Miss Bessie Jackson*, a graduate of the Ottawa Civic Hospital, and of the post-graduate course in public health nursing at the School for Graduate Nurses, McGill University, has been appointed to the Montreal Branch.

*Miss Jessie Morris*, who has completed the post-graduate course in public health nursing at the School for Graduate Nurses, McGill University, has been appointed to the Montreal Branch.

*Miss M. Mullen*, who has completed the post-graduate course in public health nursing at the School for Graduate Nurses, McGill University, has been appointed to the Montreal Branch.

*Miss Mary Thomas*, a graduate of the Victoria Hospital, London, and Bachelor of Science in Nursing, University of Western Ontario, has been appointed to the Montreal Branch.

*Miss E. Jean Weir*, a graduate of the Mack Training School, St. Catharines, and of the post-graduate course in public health nursing at the School of Nursing, University of Toronto, has been appointed to the Montreal Branch.

*Miss Mildred Chambers*, district superintendent of the Border Cities Branch for the past seven years, has resigned to be married, and *Miss Marjorie McCutcheon*, who has been assistant to Miss Chambers, has been appointed to succeed her.

*Miss Mary Ellen Patterson*, a graduate of the Victoria Hospital, London, and of the post-graduate course in public health nursing at the University of Western Ontario, has been appointed to the Border Cities staff.

*Miss Therese Terrien*, a graduate of the Ottawa General Hospital, and of the post-graduate course in public health nursing at the School for Graduate Nurses, McGill University, has been appointed to the staff of the Sherbrooke Branch.

*Miss Helen Kirk*, a graduate of the Victoria Hospital, London, and Bachelor of Science in Nursing, University of Western Ontario, has been appointed to the Sherbrooke Branch.

*Miss Jeanne LaBrosse*, who has been temporarily employed on the staff of the Sherbrooke Branch, has resigned to take up other work.

*Miss Pauline Roger*, a graduate of the St. Sacrement Hospital, Quebec, and of the post-graduate course in public health nursing, University of Montreal, has been appointed to the staff of the Lachine Branch.

*Miss Rita Michaud*, a graduate of the Ottawa General Hospital, and of the post-graduate course in public health nursing at the School for Graduate Nurses, McGill University, has been appointed to the staff of the Lachine Branch.

*Miss Eileen Bretzlaff* has returned from a year's leave of absence granted to take the post-graduate course in public health nursing at the School for Graduate Nurses, McGill University, and has been appointed

as nurse-in-charge of the Waterloo Branch to replace *Miss Muriel Hunter* who has resigned to be married.

*Miss Dorothy Campbell* has completed the course in public health nursing at the School for Graduate Nurses, McGill University, and is returning after a year's leave of absence to take charge of the branch in Bridgewater, N.S. Miss Campbell is replacing *Miss Elaine Corbett* who has resigned, and is on call for military nursing service.

*Miss Beulah Scott*, who has been nurse-in-charge of the St. Catharines Branch for the past four years, has resigned. *Miss Hazel Cryderman* of the Oshawa staff, has been transferred to replace her.

*Miss Jean Myles*, a graduate of the General and Marine Hospital, Collingwood, and of the post-graduate course in public health nursing at the School of Nursing, University of Toronto, has been appointed to the staff of the Timmins Branch.

*Miss Claudia Arrand*, a graduate of the Saskatoon City Hospital, and of the post-graduate course in public health nursing at the School of Nursing, University of Toronto, has been appointed to the staff of the York Township Branch.

*Miss Edith Railton* has been transferred from the staff of the Fredericton Branch to the Sudbury Branch.

*Miss Ivy German* has been transferred from the staff of the Sudbury Branch to the Hamilton Branch.

*Miss Grace Ewing* has been transferred from the staff of the Ottawa Branch to the East York Branch.

*Miss Gladys Clark* has resigned from the staff of the Edmonton Branch.

*Miss Marion Grant* has resigned from the staff of the Halifax Branch to accept a position as school nurse in Halifax.

## M.L.I.C. Nursing Service

*Miss Antoinette Larose* (St. Justine Hospital, Montreal, 1935, and University of Montreal public health course, 1938) was transferred recently from Montreal to the Quebec Nursing Staff, Quebec City.

# NEWS NOTES

### BRITISH COLUMBIA

NEW DENVER:

The New Denver Nakusp Registered Nurses have formed the Silver Arrow Chapter of the District Branch of the R.N.A.B.C. Meetings are to be held on the last Friday evening of each month. Officers have been elected as follows: president, Mrs. J. Tyreman, Nakusp; vice-president, Miss G. Reynolds, Slocan Community Hospital; secretary, Miss E. Ganshorn, New Denver; treasurer, Miss A. Brown, Arrow Lakes Hospital, Nakusp.

Miss V. B. Eidt and Miss H. Tompkins of Nelson District of Registered Nurses, recently addressed a meeting held in Nakusp.

ROSSLAND:

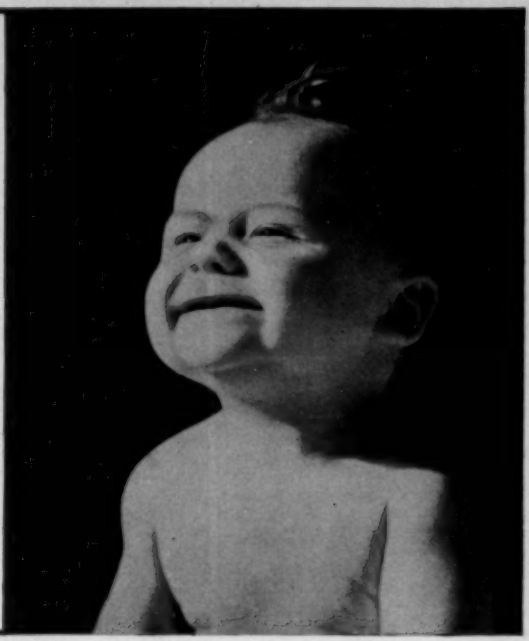
The Rossland Chapter, with Mrs. A. Lonsbury as president, was one of the first chapters to be organized in British Columbia. It is situated in the West Kootenay District. The Chapter was represented at an organization meeting held in Nelson with members also present from Trail and Nelson. Miss F. McLean attended the annual meeting of the R.N.A.B.C. in Vancouver. The graduate nurses of Rossland entered a float in the Victory Loan Day parade. The Chapter also sponsored a dance for war charities, the funds being donated to the local Red Cross patriotic society fund and the British Nurses Relief Fund.

Miss E. Hood, x-ray technician in the Mater Misericordiae Hospital, Rossland, recently attended the convention of x-ray technicians held in Hollywood, Calif.

VICTORIA:

A special meeting of the Victoria Chapter of the R.N.A.B.C. was held recently at St.

# Many Leading Hospitals use Z.B.T. Powder with Olive Oil!



TODAY, more and more hospitals use and recommend Z.B.T. Baby Powder with Olive Oil. For, as thousands of nurses and doctors have discovered, Z.B.T. with Olive Oil has unusual advantages in the care of infant and adult skin.

Z.B.T. is moisture-resistant, long-clinging. Its downy-soft film soothes and protects tender skin folds—promotes the healing of prickly heat, diaper rash and similar minor skin irritations. Z.B.T. is extra-smooth, superior in "slip"—more effective against chafing.

We invite you to try Z.B.T. Baby Powder with Olive Oil—to test its effectiveness at our expense. Today, send in the coupon below for your free professional package of Z.B.T.

---

**FREE!** The Centaur Company, Dept. D-91
1019 Elliott St., W., Windsor, Ont.
Please send free professional package of Z.B.T. to:

*Name*_____

*Address*_____

*City*_____ *Prov.*_____

Joseph's Hospital, to discuss the aims and objects of the Association and to draw up new by-laws and constitution made necessary by the organization of Districts and Chapters. A copy of the proposed by-laws and constitution was sent to the provincial council for approval.

The Victorian Order of Nurses has recently opened new offices in the building that already houses all other social agencies.

Between twenty and thirty members of the Royal Jubilee Alumnae Association have enrolled under the St. John Ambulance first aid class. The six-bed ward, furnished by the Alumnae Association has recently been converted into an infirmary for student nurses.

The annual dinner given by Sister Superior and the Sisters of the staff of St. Joseph's Hospital, for the Alumnae Association of the hospital, was held recently, and took the form of a pleasant reunion. The election of officers took place, Mrs. Gerald Rose being re-elected president.

Married: Recently, Miss Trixie Locke (St. Joseph's Hospital) to Mr. James Slurrock.

Married: Recently, Miss Eileen Jeffrey (St. Joseph's Hospital, 1940) to Mr. John McArthur.

---

## MANITOBA

### WINNIPEG:

*Winnipeg General Hospital*:

Married: Recently, Miss Evelyn McCurdy (W.G.H., 1939) to Mr. Gordon McKinney.

Married: Recently, Miss Elizabeth Morrison (W.G.H., 1939) to Dr. John Green, R.C.A.F.

Married: Recently, Miss Mary Greaves (W.G.H., 1939) to Dr. Robert Tucker.

Married: Recently, Miss Marian Greshem (W.G.H., 1938) to Mr. Cecil Robinson.

Married: Recently, Miss Connie Davies (W.G.H., 1938) to Mr. Harold Leneord.

---

## ONTARIO

### DISTRICTS 2 AND 3

### KITCHENER:

The summer meeting of Districts 2 and 3 was held in the Council House of the Six Nations Indians at Ohsweken, and proved most interesting and entertaining. Dr. Walter Davis, superintendent of the Lady Willingdon Hospital, spoke on the growth of medical work on the Six Nations Reservation and Mr. Elliott Moses gave the history of Six Nations Indians. Songs in their native tongue were sung by a group of school children, after which a picnic supper was served on the lawn. Mrs. Hilton Hill spoke on Women's Institute work in relation to health of the community, and Mrs. Moses entertained with readings, wearing her native costume. The reports of sections and committees showed the nurses were taking a keen interest in all departments of their profession, and the meeting was voted very profitable from the point of view of interest, enjoyment, and education.

Miss Janet Burnett has resigned from the Victorian Order of Nurses of Kitchener and has received an appointment with the R.C.A.M.C. at the Trafalgar Hospital in London. Miss Lois Croft (B.Sc., Western University, 1941) has been appointed to Kitchener Branch of the V.O.N. Miss Eleanor Fothergell (B.Sc., Western University, 1941) has been appointed to Kitchener Branch of the V.O.N.

---

### STRATFORD:

The recent celebration of the Golden Jubilee of the School of Nursing of the Stratford General Hospital proved to be both most inspiring and enjoyable. Graduates of the school came from far and wide, among them Miss Jessie Murdoch, superintendent of nurses in the great Jersey City Medical Centre. Another distinguished graduate who took a prominent part in the various ceremonies which marked the occasion was Miss A. M. Munn, Inspector of Training Schools for Nurses, Province of Ontario.

The most outstanding social event was the dinner, arranged by the Ladies Aid, at which Miss Zeta Hamilton, superintendent of the hospital, gave an inspiring address to the graduating class of 1941. Miss Munn recalled her three-fold association with the hospital, as pupil, as assistant under Miss Elizabeth MacArthur, now Mrs. A. B. Manson, and later as superintendent. She made reference to the qualifications with which the probationer in the nursing service must be endowed, and paid tribute to the organizations and individual citizens who have helped to uphold the standard of the school. The medical staff came in for its share of commendation for the assistance it had afforded in the training of the student nurses. The period between 1914-1918 was referred to as the real testing time, when the nurses gave their best, with the shortage of graduates and the medical staff depleted on account of the war. The trials endured during the influenza epidemic were also recalled and Miss Munn struck a poignant note, when she stated: "We are back to the same sense of struggle, where we left off in 1918," but she expressed confidence that the nurses will not fail in this time of stress.

# 13 Highly Nutritive Foods Carefully Prepared For Strained-Food Graduates

● When Canadian babies are ready for unstrained, mildly seasoned foods, Heinz Junior Foods can be used with confidence!

Chopped into particles of a size to promote chewing, these special-recipe foods are cooked by scientifically controlled methods, and packed in enamel-lined tins to retain normal vitamins and minerals in high degree.

Remember, too, that Heinz has symbolized quality to three generations of Canadian mothers!

**HEINZ JUNIOR FOODS**

57 THESE TWO SEALS MEAN PROTECTION FOR BABY

## *13 Delicious Kinds*

**VEGETABLE BEEF DINNER.** A hearty main dish consisting of finest grade vegetables, chopped lean beef with broth and barley.

**CREAMED TOMATO AND RICE.** Choice vegetables, whey and soy bean flour are added to give better nutritive balance.

**CREAMED DICED POTATOES.** Milk, cream, butter and brewers yeast give this food higher energy and nutritional value.

**CREAMED GREEN VEGETABLES** is a luscious combination of kale, green lettuce, green asparagus, peas, milk and cream.

**CREAMED DICED VEGETABLES.** Choice vegetables, milk and rice in a diced or chopped form, with yeast concentrate.

**LAMB AND LIVER WITH VEGETABLES** contains lamb meat and liver and chicken liver with choice of vegetables—making this product of value for anemia prevention and correction.

**CHICKEN VEGETABLES AND FARINA** is made from the meat and broth of selected chickens, tasty vegetables, durum farina, wheat germ and milk.

**CARROTS.** Sweet, mature carrots are chopped coarse enough to require chewing.

**MIXED VEGETABLES.** Contains potatoes, sweet potatoes, carrots, celery, green beans and onions.

**SPINACH.** The spinach is cut into particles of such size that only a moderate amount of chewing is required.

**PINEAPPLE RICE PUDDING** prepared from fancy Hawaiian pineapple in a wholesome custard with rice. Its high carbohydrate content makes it an energy-giving food.

**PRUNE PUDDING.** Choice prunes and farina are cooked with milk and eggs producing a dish that is less laxative than plain prunes.

**APPLE, FIG AND DATE DESSERT.** Ripe apples are blended with the small white figs and select dates. Lemon juice is added to give a touch of tartness.

H. J. Heinz Company of Canada, Ltd

**DORLAND —**
**POCKET DICTIONARY**

The Dorland Pocket Medical Dictionary has a full vocabulary of concise definitions of the important nursing terms; a simple key to capitalization; the latest, approved spelling; and a listing and explanation of chemical symbols and formulae. Eighty-six detailed tables show dosage, muscles, nerves, abbreviations, etc. 973 pages. Flexible binding. Plain $2.50; Thumb-indexed, $3.00. Sixteenth Edition.

**McAinsh & Co. Limited**
*Dealers in Good Books Since 1885*
388 Yonge St. Toronto

Experienced Nurses Know
**STEEDMAN'S POWDERS**
From Teething to Teens
They know this safe and gentle aperient is ideal for infants and children, to relieve constipation, colic and feverishness and keep the little system regular. Steedman's Powders can be used with perfect confidence. Our "Hints to Mothers" booklet deals sensibly with baby's little ailments—for copies and samples of Steedman's Powders write: JOHN STEEDMAN & CO., Dept. 10, 442 St. Gabriel St., MONTREAL.

**WHERE IS THAT JOURNAL?**
I can't find it anywhere.
Did I forget to renew
my subscription?
Yes, dear lady, you did.
Send two dollars at once to
**The Canadian Nurse**
1411 Crescent St., Montreal.

**HANGER**
**Limb Company**
Inventors and manufacturers of the famous
**Hip Control Limb**
Endorsed by Surgeons, Governments, Industries, Offices the World Over.
*Principal Canadian Offices*
Toronto: 85 King St. W.
Montreal: 1409 Crescent St.
LA. 9810

A pageant, portraying the history of the training school from the early days when the staff consisted of the superintendent and two probationers to its present stage of proficiency, was the culmination of a highly interesting and historic program. Miss Attwood, the author of the story revealed in the pageant, was accorded an ovation for the original and unique contribution to the entertainment. One of the most interesting and most enjoyable events was the introduction of graduates, in the order of seniority, beginning with the names of the class of 1893 and concluding with the introduction of graduating nurses of this year's class.

"In the faith of Jesus Christ, we plant this tree to the glory of God, and as a symbol of thankfulness to Him, for His blessings on the Stratford General Hospital." With those words, coming from the lips of one of the early graduates, a mulberry tree was planted in the Shakespearean Gardens to commemorate the golden jubilee. Mrs. John Wighton of Toronto, who, as Miss Annie Woods, graduated from the Stratford General Hospital in 1898, delivered that brief speech as she placed the mulberry tree into the earth. Then Miss Edith Howald, gold medallist of the 1941 golden jubilee graduating class, sprinkled the first handfuls of earth into the opening in which the tree was placed. The tree-planting ceremony was arranged by the Rev. F. G. Lightbourn, who closed the ceremony with prayer.

---

## District 5

### Toronto:

### *Wellesley Hospital*:

Wellesley Hospital was fortunate in having unusually fine weather for its graduating exercises recently held on the lawn of the hospital. A class of 28 members graduated. The address was given by the Hon. Dr. H. A. Bruce, and Sir William Mulock spoke a few words to the graduating class. Miss Elsie K. Jones gave the superintendent's report and the diplomas and pins were presented by Mrs. F. H. Phippen. The Elizabeth Flaws Memorial Scholarship for post-graduate work at the School of Nursing, University of Toronto, given by the Wellesley Hospital Alumnae Association, Mr. F. Gordon Osler and the Board of Directors, was presented to Miss Doris Leonard by Miss Grace Bolton, president of the Alumnae Association. In the evening the graduates were entertained at a dance at Hart House. Receiving the guests were Miss Elsie K. Jones, superintendent of the hospital, Miss Grace Bolton, president of the Alumnae Association, and Miss Aileen Steele, convener.

## District 6

### Belleville:

At the regular meeting of Chapter B, District 6, R.N.A.O., held at the General Hospital, Belleville, the delegate to the R.N.A.O. annual meeting gave a very interesting report. Miss Riddell, instructress of nurses, assisted by Miss Bennett, gave a most instructive lecture and demonstration on Wangensteen suction. A social hour followed.

Miss Hilda Collier, operating room supervisor, General Hospital, Belleville, has been accepted as a nursing sister of the R.C.A.M.C. Miss Collier has been granted leave of absence and was presented with a travelling clock by the staff. Miss Rita Fitzgerald (B.G.H.) has also been called to the nursing service of the R.C.A.M.C.

Married: Recently, Miss Laura Foster (B.G.H., 1939) to Mr. Kenneth Dixon.

Married: Recently, Miss Mae McCurdy (B.G.H., 1941) to Mr. Clayton Wilton.

Married: Recently, Miss Dorothy Warren (B.G.H., 1938) to Mr. Jack Taylor.

Married: Recently, Miss Doris Haggerman (B.G.H., 1938) to Mr. Sidney Robins.

Married: Recently, Miss Hilda Bennett (B.G.H., 1940) to Dr. Franklin Miles.

---

### *Belleville General Hospital:*

At a recent meeting of the Alumnae Association of the Belleville General Hospital Miss H. Collier presented the following nurses with certificates for emergency war nursing: Mrs. G. Keeler, Mrs. Caldwell, Mrs. Meaker, Mrs. Thompson, Mrs. Weese, Miss Soutor, Miss D. Connor, Miss V. Gross, Miss D. Riddell, Miss L. Bertram, Miss M. S. Byers, Miss E. Sullivan, Miss M. Plumton, Miss N. DiCola. Miss Collier was hostess, and a pleasant social hour followed.

---

### Peterborough:

Chapter C, District 6, R.N.A.O., recently held its regular meeting at the Ross Memorial Hospital, Lindsay. Miss Flett gave an excellent report of the annual meeting of the R.N.A.O. An address on "Turkey as a balance of power in the East" was given by Dr. Parker, who served in Egypt during the first world war.

At a recent meeting of Chapter C, Mrs. Leeson, superintendent of Nicholls Hospital, was presented with a gift in appreciation of her work and keen interest in the Chapter. Miss Dixon, the oldest member and founder of the chapter, spoke briefly.

**PERSONAL!**
**for BABY'S OWN**

Baby's Own Tablets are babies' own personal laxative — their dosage carefully adjusted by extensive clinical tests, to the needs of babies' systems. These pleasant, simple, tablet triturates can be safely depended upon, for the relief of constipation, the disturbances and simple fever often accompanying teething, upset stomach and other minor ills so common to babyhood. They are mild and gentle in their action, are warranted free from narcotics and opiates, and have established themselves in their forty years of use, as being thoroughly trustworthy and safe.

**BABY'S OWN Tablets**

ONE WHITE
TUBE CREME

**Preferred by Nurses for continued use as it cleans better, works faster, and contains ingredients to preserve fine footwear.**

***Made in Canada by Canadians specializing in the manufacture of fine shoe dressings.***

Sample tube mailed to any nurse on request to:
**EVERETT & BARRON OF CANADA, LTD., 914 Dufferin St. Toronto.**

**WILL NOT RUB OFF**

C-I-L LIMITED

HOSPITAL SHEETINGS ARE MANUFACTURED 100% IN CANADA

**SOME of the ESSENTIALS that a GOOD HOSPITAL SHEETING should POSSESS**

Strong **TENSILE** strength to resist breaking, bursting, or tearing — watertightness; flexibility; good aging, and wear-resistant qualities. **RESISTANCE** to the effects of sterilizing agents, blood, uric acid, steam, chemicals, and discoloration.

C-I-L Hospital Sheeting has all of them, **plus soft velvety comfort** and at no extra cost.

*Manufactured by*

**CANADIAN INDUSTRIES LIMITED**

*"Fabrikoid" Division*

**Halifax, Montreal, New Toronto, Winnipeg, Vancouver.**

**The American Hospital Bureau**

**1825 Empire State Building**
**New York City**

**Offers to Hospitals in Canada and the United States a professional placement service for Hospital and Nursing School Administrators, Instructors, Supervisors, Anaesthetists, Dietitians, Technicians, and General Duty Nurses. All credentials personally verified.**

**C. M. Powell, R. N., Director**

**THE CENTRAL REGISTRY OF GRADUATE NURSES, TORONTO**

**Furnish Nurses at any hour DAY or NIGHT**

**TELEPHONE Kingsdale 2136**

**Physicians' and Surgeons' Bldg., 86 Bloor Street, West, TORONTO**

**HELEN CARRUTHERS, Reg. N.**

COBOURG:

Under the auspices of District 6, R.N. A.O., the nurses of Cobourg held a most successful and largely attended garden party at the home of Miss Effie Bolster to raise money for the British Nurses Relief Fund.

Miss Margaret Legg (St. Joseph's Hospital, London) is taking a postgraduate course in psychiatric nursing at the Ontario Hospital, London. Miss Margaret Turner (O.H.C.) is taking a postgraduate course in psychiatric nursing at the Psychiatric Hospital, Toronto.

Married: Recently, Miss Olive Rowe (V. G.H., London, 1939) to Mr. Kenneth S. Eberhart.

Married: Recently, Miss Ethel K. Evans (C.G.H., 1931) to Mr. Francis LeRoy Gist.

PETERBOROUGH:

On June 18, at the nurses residence of Nicholls Hospital, Peterborough, a farewell garden party was given in honour of Mrs. E. M. Leeson, retiring superintendent. Mrs. Leeson is a graduate of Brandon General Hospital, and after two years service as assistant superintendent she was appointed superintendent, a position she has held for twenty years. The resignation of Mrs. Leeson was accepted with expressions of regret that the hospital was losing from its management, the directing hand which had faithfully and efficiently guided the institution for so many years. Miss F. Vickers, president of the Alumnae Association, received with Mrs. Leeson. Representatives from every walk of life were present to pay tribute, including many of the graduates from distant cities. Dr. J. McCulloch acted as master of ceremonies and gave a short resumé of the progress of the hospital. Mr. F. Kitney, representing the Board of Directors, presented Mrs. Leeson with a beautiful silver dresser set. Dr. Waite, on behalf of the medical, nursing, and administrative staffs, stressed the progress made by the nursing school due to her hard work, and Miss E. G. Young, representing these groups presented Mrs. Leeson with a cheque. Miss F. Vickers spoke for the Alumnae Associa-

tion, and Miss. E. McBrien made their presentation of sterling silver flat ware. As the entire group of student nurses stood at attention, Miss Sadie Trotter, president of the student's council, thanked Mrs. Leeson for her inspiring guidance through their course of study and Miss H. Langdon, presented her with an electric tea kettle. Mr. H. Haynes spoke for the engineering, domestic, and orderly staffs, and as they marched forward, Mr. A. Maynard, chief orderly, made the presentation of a silver coffee pot. The Women's Auxiliary was represented by Mrs. S. J. Graham, who expressed the splendid co-operation received by them, and by Mrs. S. J. Wharry, who presented Mrs. Leeson with a Bulova watch.

Mr. J. Hornal, B.A., of the Toronto Western Hospital, has been appointed administrative superintendent of Nicholls Hospital. Miss E. G. Young, formerly assistant superintendent, has been appointed superintendent of the school of nursing. Miss Worbetz, who recently completed a postgraduate course at the school of nursing, University of Toronto, has been appointed to the staff of Nicholls Hospital.

---

PORT HOPE:

Mrs. H. J. Beatty recently entertained at bridge and the nurses, under the convenership of Mrs. C. B. Kelly, held a strawberry supper at the home of Mrs. Dickenson. Both events were in aid of the British Nurses Relief Fund.

---

DISTRICT 8

OTTAWA:

*Ottawa General Hospital*:

Miss Anita Mercier has been appointed to the nursing service of the R.C.A.M.C. Miss Claire Lamoureux (O.G.H., 1938) is camp nurse for the summer months at Camp Ironwood, Harrison, Maine. Miss Rita Michaud (O.G.H., 1938) has successfully completed the public health nursing course at the School for Graduate Nurses, McGill University and will later join the staff of the Victorian Order of Nurses.

Married: Recently, Miss Isabele Bisson (O.G.H., 1939) to Dr. John Henry Smyth.

Married: Recently, Miss Lucy Dunlop (O.G.H., 1940) to Mr. Verdun Keane.

Married: Recently, Miss Edith Simpson (O.G.H., 1937) to S./Sgt. Colin Campbell McDougall.

Married: Recently, Miss Joan Mulvihill (O.G.H., 1938) to Lt. James Ball Donaldson.

**Your White Shoes Deserve It**

**Nugget White Dressing will keep them neat and trim, always looking their best.**

**Nugget is also available in Black, Blue and all shades of Brown.**

**NUGGET WHITE DRESSING**

*(the cake in the non-rust tin)*

**DOCTORS' and NURSES' DIRECTORY**
212 Balmoral St., Winnipeg
*A Directory for:*
DOCTORS, and REGISTERED NURSES
VICTORIAN ORDER of NURSES
(night calls, Sundays, and holidays ONLY)
PRACTICAL NURSES
*Twenty-four hour service.*
P. BROWNELL, REG. N., REGISTRAR

**FOR BUILDING UP**

**Vi-Tone has proved a valuable aid in restoring normal strength and vitality. A delicious chocolate-flavoured food-drink enjoyed by children and adults alike.**

**"Makes Milk a better drink."**

## QUEBEC

MONTREAL:

*Royal Victoria Hospital*:

The following R. V. H. nurses have been called for No. 6 Casualty Clearing station and are now on duty: Margaret Smith, Kathleen MacLeod, Jean Rayworth, Jean Blenkhorn, Margaret Hawkesworth, Delia Ouellet, Billie Bell, and Erna Murray. Nursing Sister Marion Ogilvie has been promoted to the rank of acting matron at the Esquimalt military hospital.

The Garrow Scholarship for 1941-42 has been awarded to Dorothy Dick (R.V.H., 1939) who will take the course in public health nursing at the School for Graduate Nurses, McGill University. The Alexandra Hospital Scholarship for teaching and supervision goes to Ella Cassidy (R.V.H., 1932) of the staff of the Alexandra Hospital and the R. V. H. Scholarship to Margaret Street, B.A. (R.V.H., 1936). Miss Elizabeth Lyster who was with the American Scandinavian Unit in Sweden for the past year has returned to Montreal . Miss Katherine Inch, B.A. (R.V.H., 1941) has been taken on the staff and is in charge of men's surgical ward F.

Married: Recently, Miss Margaret Fyfe Hamilton (R.V.H., 1938) to Mr. John Hamilton Larkworthy.

Married: Recently, Miss Jessie McPherson (R.V.H., 1931) to Mr. Gordon Alexander.

Married: Recently, Miss Clara Belle Nicholson (R.V.H., 1939) to Flying Officer Lieutenant Eric Webb, M.D. R.C.A.F.

Married: Recently, Miss Margaret Helen Macdonald (R.V.H., 1937) to Mr. James Maguire.

Married: Recently, Miss Jean Lillian Axford (R.V.H., 1939) to Surg. Lieut. W. Elgin Crysler, R.C.N.V.R.

*Montreal General Hospital*:

Miss Enid Davy (M.G.H., 1933) has been appointed to the staff of the metabolism department. Miss M. E. Foreman (M.G.H., 1938) has accepted a position on the nursing staff of the Central Division. Miss Monica Hill (M.G.H., 1936) is relieving on the night staff at Central Division for the summer months. Miss Mayville (M.G.H., 1941) has accepted a position in the Arvida Hospital, Arvida, P. Q. Miss Elizabeth Robertson has been relieving Miss Betty Steele at the Pt. St. Charles branch of the Canadian National Railways Clinic during the summer months.

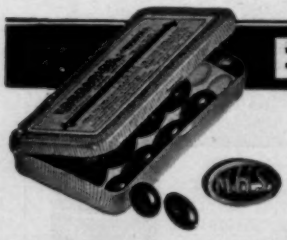
Married: Recently, Miss M. Elizabeth Smallman (M.G.H., 1940) to Mr. Bruce M. Scriver.

Married: Recently, Miss Evelyn I. White (M.G.H., 1929) to Mr. Archibald S. Macdonald.

QUEBEC:

*Jeffery Hale's Hospital*:

The graduating class exercises of the school of nursing of the Jeffery Hale's Hos-



ERGOAPIOL (SMITH)

*A Menstrual Regulator . . .*

When the periods are irregular, due to constitutional causes, Ergoapiol (Smith) is a reliable prescription. In cases of Amenorrhea, Dysmenorrhea, Menorrhagia and Metrorrhagia, Ergoapiol serves as a good uterine tonic and hemostatic and is valuable for the menstrual irregularity of the Menopause. Prescribed by physicians throughout the world.

*Dosage*:
1 to 2 capsules 3 or 4 times daily. Supplied only in packages of 20 capsules. Literature on request.

**MARTIN H. SMITH CO. New York, N. Y.**

**WANTED**

Applications are invited for the position of **Assistant Director of Nursing and Instructor in the Principles and Practice of Nursing** in a one hundred and eighty bed Hospital in Western Canada. It is desirable that applicants shall have had a post-graduate course in Teaching and Supervision in Schools of Nursing. Please state age, religion, full qualifications, references, and experience. Duties are to commence as soon as possible. Applications are to be addressed to:
**The Superintendent of Nurses, Moose Jaw General Hospital, Moose Jaw, Sask.**

pital took place recently. Dr. Elliott gave an interesting and humourous talk. The prize for general proficiency being a tie, was presented jointly to Miss M. Wilson and Miss G. Martin. The following evening a dance took place in the residence. The Alumnae Association entertained the class at dinner, and the graduate staff of the J.H.H. entertained at the tea hour in honour of the graduating class.

Married: Recently, Miss Marion Fife (J.H.H., 1936) to Mr. Ralph Robertson.

Married: Recently, Miss Elsie Lawrence (J.H.H., 1939) to Mr. Victor McKinnon.

Married: Recently, Miss Elsie Atkinson (J.H.H., 1941) to Mr. J. Bowker.

Married: Recently, Miss Thelma Arnott (J.H.H., 1932) to Mr. Bazile Vermette.

## SASKATCHEWAN

SASKATOON:

The regular monthly meeting of the Saskatoon Registered Nurses Association met at the Saskatoon Sanatorium. Dr. Boughton, the medical superintendent, and his staff, gave interesting demonstrations concerned with tuberculosis; various diagnostic methods were described and preventive measures indicated. In Saskatchewan the death rate from this disease is the lowest in Canada and possibly the lowest in the world.

At a successful strawberry social held recently on the grounds of the sanatorium $22.07 was realized. Saskatoon nurses have responded well to the call from Britain for assistance to civilian nurses. A doctor who practised in Saskatoon since the early days and spent a good deal of time in France during the last war, donated a silver fox skin, a furrier donated the making, and it was raffled. The second draw was a beautiful piece of needle point worked by a British trained nurse who found it difficult to give other assistance. A cheque for $243.62 was forwarded to the Executive Secretary of the C.N.A. which makes a total of $453.62 raised for the British Nurses Relief Fund by Saskatoon nurses in a few months.

A request was received by the Saskatoon Registered Nurses Association to assist the Y.W.C.A. at Hostess House at Dundurn Camp, and a nurse in uniform is in attendance on Saturday and Sunday with the hostesses, to give any professional assistance which may be required.

Married: Recently, Miss Elsie Polowy (S.C.H., 1932) to Mr. Robert Salisbury.

Married: Recently, Miss Ida Rooke (S.C.H., 1932) to Mr. Chas. Fletcher.

Married: Recently, Miss Margaret Duncan (S.C.H., 1934) to Major J. M. Campbell, R.C.A.M.C. (A.F.).

Married: Recently, Miss Dorothy Reid (S.C.H., 1935) to Mr. Harold Wilson.

Married: Recently, Miss Mona Bounds (Univ. of Alta. Hospital, 1938) to Fl. Lt. Bradley.

Married: Recently, Miss Helen Fast (S.C.H., 1934) to Mr. Tom Bennie.

## NEWFOUNDLAND

ST. JOHN'S:

*Grace Hospital*:

At a recent meeting of the Grace Hospital Alumnae Association the nurses were pleased to have Dr. Cluny Macpherson lecture to them on war emergencies. The speaker forcibly pointed out the individual responsibility of every nurse, and the lecture was both entertaining and instructive. Congratulations are extended to Miss Bessie Martin, who has been doing post-graduate work at the School of Nursing, University of Toronto. Miss Martin successfully passed her final examinations and after a well-earned holiday will resume her duties with the Department of Public Health Nursing.

## . . . OFF . . . DUTY . . .

*Not long ago we spent a few halcyon days at Sillery on the banks of the St. Lawrence River . . . The convent farm slopes gently down to the Church on Sillery Point past which Wolfe must have drifted with the ebbing tide . . . On Midsummer Eve we sat on the church steps reading a book that carried us back to the eighteenth century . . . in case you are interested, its title is The Life of General James Murray of Elibank... written by his lineal descendant and valiant champion, Major General R. H. Mahon . . . As you will remember, Murray was one of Wolfe's brigadiers and as we lifted our eyes from our book we could see the cove where his troops landed and the steep bank they had to climb to reach the Plains of Abraham . . . where Wolfe and Montcalm were both to die . . . Later on, Murray became the first British governor of Quebec and although he was a dour Scot and a stern Protestant he stoutly defended the civil and religious liberties of his "habitants" . . . It seemed natural and right to him that the first loyalty of native French-Canadians should be given to Canada and not to France... and he held that all Canadians, British and French alike, should try to live and work together in spite of differences in faith and language . . . As we turned the pages of the story of his life . . . we thought that if he could come back through the years Murray would be proud of the harvest he had sown . . . Sillery is a French-Canadian village... but the doors of the Anglican church stand hospitably open all day long and in its beautiful old churchyard are the names of honourable Scottish and English families who helped to build Canada . . . In the little shops they speak a friendly if ungrammatical mixture of the two languages... Down on the Point are the statues of the Sillery martyrs who, long before Murray came, died in fiery torment at the hands of the Iroquois in defence of the new colony . . . Presently it got too dark to read and the light on the River changed from turquoise to jade . . . There was a mutter of thunder in the distance and black clouds swept over the eastern sky... They took on strange writhing shapes and behind them there was a glare of lightning . . . It was as though a vast army threatened the quiet countryside and over in the west came other clouds that looked, for all the world, like men marching together to defend it . . . Of course it was all our fancy, but they seemed to be clad in the uniforms... that Wolfe and Montcalm used to wear . . . when they fought and died on the Plains of Abraham . . . E. J.*

# Official Directory

**International Council of Nurses**

**Acting Executive Secretary, Miss Calista F. Banwarth, 310 Cedar Street, New Haven, Connecticut, U. S. A.**

## THE CANADIAN NURSES ASSOCIATION

**President**..... Miss Grace M. Fairley, Vancouver General Hospital, Vancouver, B.C.
**Past President** Miss Ruby M. Simpson, Department of Health, Parliament Buildings, Regina, Sask.
**First Vice-President**..... Miss Elizabeth L. Smellie, Department of National Defence, Ottawa, Ont.
**Second Vice-President** Miss Marion Lindeburgh, School for Graduate Nurses, McGill University, Montreal, P. Q.
**Honourary Secretary** ..... Miss Kathleen I. Sanderson, 1105 Park Drive, Vancouver, B.C.
**Honourary Treasurer** .....Miss A. J. MacMaster, Moncton Hospital, Moncton, N.B.

### COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

*Numerals indicate office held: (1) President, Provincial Nurses Association; (2) Chairman, Hospital and School of Nursing Section; (3) Chairman, Public Health Section; (4) Chairman, General Nursing Section.*

**Alberta**: (1) Miss Rae Chittick, 815-18th Ave. W., Calgary; (2) Miss Helen S. Peters, University of Alberta Hospital, Edmonton; (3) Miss Audrey Dick, York Hotel, Calgary; (4) Miss Leona Hennig, 305 Bank of Toronto Bldg., Edmonton.

**British Columbia**: (1) Miss M. Duffield, 1675 West 10th Ave., Vancouver; (2) Miss F. McQuarrie, Vancouver General Hospital; (3) Miss F. Innes, 1922 Adanac St., Vancouver; (4) Mrs. J. F. Hansom, 1178 Esquimalt Ave., West Vancouver.

**Manitoba**: (1) **Miss A. McKee**, V.O.N., Medical Arts Bldg., Winnipeg; (2) Miss D. Ditchfield, Children's Hospital, Winnipeg; (3) Miss F. King, Ste. 1, Greysolon Apts., Winnipeg; (4) Miss C. Bourgeault, St. Boniface Hospital, St. Boniface.

**New Brunswick**: (1) Sister Kerr, Hotel Dieu Hospital, Campbellton; (2) Miss Marian Myers, Saint John General Hospital; (3) Miss A. A. Burns, Health Centre, Saint John; (4) Miss Myrtle E. Kay, 21 Austin St., Moncton.

**Nova Scotia**: (1) Miss M. Jenkins, The Children's Hospital, Halifax; (2) Sister Mary Peter, St. Joseph's Hospital, Glace Bay; (3) Miss Jean Forbes, 314 Roy Building, Halifax; (4) Miss G. Porter, 115 South Park St., Halifax.

**Ontario**: (1) Miss Jean L. Church, 120 Strathcona Ave., Ottawa; (2) Miss L. D. Acton, General Hospital, Kingston; (3) Miss G. Ross, 15 Queen's Park Crescent, Toronto; (4) Miss D. Ogilvie, 34 Gilchrist Ave., Ottawa.

**Prince Edward Island**: (1) Miss K. MacLennan, Provincial Sanatorium, Charlottetown; (2) Miss Georgie Brown, Prince County Hospital, Summerside; (3) Miss M. Darling, Alberton; (4) Miss D. Hennessey, Charlottetown Hospital, Charlottetown.

**Quebec**: (1) Miss E. Flanagan, Royal Victoria Hospital, Montreal; (2)Miss M. Batson, Montreal General Hospital; (3) Miss A. Martineau, Dept. of Health, City of Montreal; (4) Miss A. M. Robert, 5484-A St. Denis St., Montreal.

**Saskatchewan**: (1) Miss Matilda Diederichs, Regina Grey Nuns Hospital; (2) Miss A. F. Lawrie, Regina General Hospital; (3) Miss Gladys McDonald, 6 Mayfair Apts., Regina; (4) Miss R. Wozny, 2216 Smith St., Regina.

**Chairmen, National Sections: Hospital and School of Nursing**: Miss B. Anderson, Ottawa Civic Hospital. **Public Health**: Miss M. Kerr, Eburne, B.C. **General Nursing**: Miss M. Baker, 249 Victoria St., London. **Convener, Committee on Nursing Education**: Miss M. Lindeburgh, School for Graduate Nurses, McGill University, Montreal.

**Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.**

### OFFICERS OF SECTIONS OF CANADIAN NURSES ASSOCIATION

#### *Hospital and School of Nursing Section*

CHAIRMAN: Miss Blanche Anderson, Ottawa Civic Hospital. First Vice-Chairman: Miss E. G. McNally, General Hospital, Brandon. Second Vice-Chairman: Miss M. Batson, Montreal General Hospital. Secretary-Treasurer: Miss W. Cooke, Ottawa Civic Hospital.

COUNCILLORS: **Alberta**: Miss H. S. Peters, University Hospital, Edmonton. **British Columbia**: Miss F. McQuarrie, Vancouver General Hospital. **Manitoba**: Miss D. Ditchfield, Children's Hospital, Winnipeg. **New Brunswick**: Miss Marion Myers, Saint John General Hospital. **Nova Scotia**: Sister Mary Peter, St. Joseph's Hospital, Glace Bay. **Ontario**: Miss L. D. Acton, Kingston General Hospital. **Prince Edward Island**: Miss Georgie Brown, Prince County Hospital, Summerside. **Quebec**: Miss M. Batson, Montreal General Hospital. **Saskatchewan**: Miss A. F. Lawrie, Regina General Hospital.

#### *General Nursing Section*

CHAIRMAN: Miss M. Baker, 249 Victoria St., London, Ont. First Vice-Chairman: Miss F. M. H. Brown, Wolfville, N.S. Second Vice-Chairman: Miss P. Brownell, 212 Balmoral St., Winnipeg, Man. Secretary-Treasurer: Miss A. Conroy, 404 Regent St., London, Ont.

COUNCILLORS: **Alberta**: Miss L. Hennig, 305 Bank of Toronto Bldg., Edmonton. **British Columbia**: Mrs. J. F. Hansom, 1178 Esquimalt Ave. West Vancouver. **Manitoba**: Miss C. Bourgeault, St. Boniface Hospital, St. Boniface. **New Brunswick**: Miss Myrtle E. Kay, 21 Austin St., Moncton. **Nova Scotia**: Miss G. Porter, 115 South Park St., Halifax. **Ontario**: Miss D. Ogilvie, 34 Gilchrist Ave., Ottawa. **Prince Edward Island**: Miss Dorothy Hennessey, Charlottetown Hospital, Charlottetown. **Quebec**: Miss A. M. Robert, 5484-A St. Denis St., Montreal. **Saskatchewan**: Miss R. Wozny, 2216 Smith St., Regina.

#### *Public Health Section*

CHAIRMAN: Miss M. Kerr, Eburne, B.C. Vice-Chairman: Miss W. Dawson, Health Centre, Saint John, N.B. Secretary-Treasurer: Miss L. Creelman, 2570 Spruce St., Vancouver, B.C.

COUNCILLORS: **Alberta**: Miss Audrey Dick, York Hotel, Calgary. **British Columbia**: Miss F. Innes, 1922 Adanac St., Vancouver. **Manitoba**: Miss F. King, Ste. 1, Greysolon Apts., Winnipeg. **New Brunswick**: Miss A. Burns, Health Centre, Saint John. **Nova Scotia**: Miss Jean Forbes, 314 Roy Bldg., Halifax. **Ontario**: Miss G. Ross, 15 Queen's Park Cres., Toronto. **Prince Edward Island**: Miss Margaret Darling, Alberton. **Quebec**: Mlle A. Martineau, Dept. of Health, City of Montreal. **Saskatchewan**: Miss Gladys McDonald, 6 Mayfair Apts., Regina.

# Provincial Associations of Registered Nurses

## ALBERTA

### Alberta Association of Registered Nurses

President, Miss Rae Chittick, 815-18th Ave. W., Calgary; First Vice-Pres., Miss Catherine M. Clibborn, University of Alberta Hospital, Edmonton; Sec. Vice-Pres., Sister M. Beatrice, St. Michael's Hospital, Lethbridge; Secretary-Treasurer & Registrar, Mrs. A. E. Vango, St. Stephen's College, Edmonton; *Councillors*: Miss Margaret D. McLean, Miss Helen S. Peters, Miss Audrey Dick, Miss Leona Hennig; *Chairmen of Sections*: *General Nursing*, Miss Leona Hennig, 305 Bank of Toronto Bldg., Edmonton; *Hospital & School of Nursing*, Miss Helen S. Peters, University of Alberta Hospital, Edmonton; *Public Health*, Miss Audrey Dick, York Hotel, Calgary; *Rep.* to *The Canadian Nurse*, Miss Violet Chapman, Royal Alexandra Hospital, Edmonton.

### Ponoka District, No. 2, Alberta Association of Registered Nurses

Chairman, Miss Margaret McLean; Vice-Chairman, Miss Edith Mills; Secretary-Treasurer, Miss Mildred Nelson, Provincial Hospital, Ponoka; *Representative* to *The Canadian Nurse*, Miss Nessa Leckie.

### Calgary District, No. 3, Alberta Association of Registered Nurses

Chairman, Miss K. Connor, Central Alta. Sanatorium; Vice-Chairman, Miss C. Feisel, Holy Cross Hospital; Sec., Miss M. Richards, Holy Cross Hospital; Treas., Miss M. Watt, City Health Dept.; *Conveners of Sections*: *Hospital & School of Nursing*, Miss J. Connal, Gen. Hospital; *Public Health*, Miss A. Dick, City Health Dept.; *General Nursing*, Miss D. Cannon, Gen. Hospital.

### Medicine Hat District, No. 4, Alberta Association of Registered Nurses

Chairman, Miss C. E. Mary Rowles, Medicine Hat General Hospital; Vice-Chairman, Miss M. Hagerman, Y.W.C.A., Medicine Hat; Secretary-Treasurer, Miss M. Webster, 558 Fourth Street, Medicine Hat.

### Edmonton District, No. 7, Alberta Association of Registered Nurses

Chairman, Miss Ida Johnson; First Vice-Chairman, Miss C. Clibborn; Sec. Vice-Chairman, Sister Mayer; Sec., Miss H. Bamforth, Royal Alexandra Hospital, Edmonton; Treas., Miss E. Porritt; *Committee Conveners*: *Program*, Miss E. Cushing; *Membership*, Miss M. Dennison; *Representatives* to: *Local Council of Women*, Miss V. Chapman; *The Canadian Nurse*, Miss E. Perkins.

## BRITISH COLUMBIA

### Registered Nurses Association of British Columbia

President, Miss M. Duffield, 1675 10th Ave. W., Vancouver; First Vice-President, Miss M. E. Kerr; Sec. Vice-President, Miss G. M. Fairley; Secretary, Miss P. Capelle, Rm. 715, Vancouver Block, Vancouver; Registrar, Miss Evelyn Mallory, Rm. 715, Vancouver Block, Vancouver; *Councillors*: Miss E. Clark, Miss L. Creelman, Sr. Columkille, Sr. M. Gregory, Miss F. H. Walker; *Conveners of Sections*: *Hospital & School of Nursing*, Miss F. McQuarrie, Vancouver General Hospital; *Public Health*, Miss F. Innes, 1922 Adanac St., Vancouver; *General Nursing*, Mrs. J. F. Hansom, 1178 Esquimalt Ave., West Vancouver; *Press*, Miss L. M. Drysdale, 5851 West Boulevard, Vancouver.

## MANITOBA

### Manitoba Association of Registered Nurses

President, Miss A. McKee, V.O.N., Medical Arts Bldg., Winnipeg; First Vice-Pres., Miss E. McNally, General Hospital, Brandon; Sec. Vice-Pres., Miss I. McDiarmid, 863 Langside St., Winnipeg; Hon. Sec., Mrs. H. Copeland, Misericordia Hospital, Winnipeg; *Members of Board*: Major P. Payton, Grace Hospital, Winnipeg; Miss W. Grice, St. Boniface Out-Patient Dept.; Rev. Sister Breux, St. Boniface Hospital; Miss L. Stewart, 168 Chestnut St., Winnipeg; Miss H. Coram, 172 Chestnut St., Winnipeg; Miss P. Hart, Melita; Miss C. Lynch, Winnipeg General Hospital; Miss L. Nordquist, Carman General Hospital; *Conveners of Sections*: *Hospital & School of Nursing*, Miss D. Ditchfield, Children's Hospital, Winnipeg; *General Nursing*, Miss C. Bourgeault, St. Boniface Hospital; *Public Health*, Miss F. King, Ste. 1, Greysolon Apts., Winnipeg; *Committee Conveners*: *Instructors Group*, Mrs. Copeland, Misericordia Hospital, Winnipeg; *Social*, Miss L. Kelly, 753 Wolseley Ave., Winnipeg; *Visiting*, Miss J. Stothart, 320 Sherbrooke St., Winnipeg; *Membership*, Miss A. Danilevitch, St. Boniface Out-Patient Dept.; *Nightingale Memorial Fund*, Miss Z. Beattie, St. Boniface Hospital; *Representatives* to: *Council of Social Agencies*, Miss F. Robertson, 753 Wolseley Ave., Winnipeg; *Red Cross*, Miss C. Maddin, Bureau of Child Hygiene, Aberdeen Ave., Winnipeg; *The Canadian Nurse*, Miss H. L. Wilson, Winnipeg General Hospital; *Local Council of Women*, Mrs. A. L. Wheeler, Ste. 1, 221 Wellington Cres.; *Red Cross War Council*, Miss I. Broadfoot, 2a Anvers Apts., Winnipeg; Secretary-Treasurer, Miss Gertrude Hall, 212 Balmoral St., Winnipeg.

## NEW BRUNSWICK

### New Brunswick Association of Registered Nurses

Pres., Sister Kerr, Hotel Dieu Hospital, Campbellton; First Vice-Pres., Miss A. J. MacMaster; Sec. Vice-Pres., Miss L. Smith; Hon. Sec., To be appointed; *Councillors*: Mrs. G. E. van Dorsser, Saint John; Miss E. R. Trafton, Fredericton; Miss E. M. Hillyard, Moncton; Miss B. M. Hadrill, Newcastle; Miss L. Bartsch, Saint John; Misses R. Follis, M. McMullen, St. Stephen; Miss E. M. Tulloch, Woodstock; Sec.-Treas.-Registrar, Miss M. E. Retallick, 262 Charlotte St., West Saint John; *Conveners of Sections*: *Hospital & School of Nursing*, Miss M. Myers; *General Nursing*, Miss M. Kay; *Public Health*, Miss A. A. Burns; *Conveners of Committees*: *Legislation*, Miss B. L. Gregory; *The Canadian Nurse*, Miss H. Cahill.

## NOVA SCOTIA

### Registered Nurses Association of Nova Scotia

Pres., Miss Marjorie Jenkins, Children's Hospital, Halifax; First Vice-Pres., Mrs. D. J. Gillis, Windsor Jct.; Sec. Vice-Pres., Miss J. Watkins, 63 Henry St., Halifax; Third Vice-Pres., Miss A. E. Fenton, Dalhousie P. H. Clinic, Halifax; Rec. Sec., Mrs. C. W. Bennett, 98 Edward St., Halifax; Registrar-Treasurer-Corresponding Secretary, Miss Jean C. Dunning, 413 Dennis Bldg., Halifax; *Rep.* to *The Canadian Nurse*, Miss Flora Anderson, General Hospital, Glace Bay.

## ONTARIO

### Registered Nurses Association of Ontario

President, Miss Jean L. Church; First Vice-President, Miss M. I. Walker; Second Vice-

President, Miss J. Masten; Secretary-Treasurer, Miss Matilda E. Fitzgerald, Room 630, Physicians & Surgeons Bldg., 86 Bloor St. W., Toronto; *Chairmen of Sections*: *Hospital & School of Nursing*, Miss L. D. Acton, General Hospital, Kingston; *General Nursing*, Miss D. Ogilvie, 34 Gilchrist Ave., Ottawa; *Public Health*, Miss G. Ross, 15 Queen's Park Crescent, Toronto; *Chairmen of Districts*: Miss J. M. Wilson, Miss W. Ashplant, Miss A. Boyd, Miss A. Bell, Miss I. Shaw, Miss A. Baillie, Miss M. Stewart, Miss J. Smith, Miss M. Buss.

### District 1

Chairman, Miss J. Wilson; First Vice-Chairman, Mrs. C. Salmon; Sec.-Treas., Miss L. Steele, 537 Talbot St., London; *Councillors*: Misses Johns, Baker, Orr, Precious, Anderson, Williamson, Mrs. Wilson; *Conveners*: *Hospital & School of Nursing*, Miss M. McPhedran; *Public Health*, Miss G. Cooper; *General Nursing*, Miss H. Parnell; *Enrolment*, Miss I. Bull.

### Districts 2 and 3

Chairman, Miss W. Ashplant; First Vice-Chairman, Miss D. Arnold; Sec. Vice-Chairman, Miss V. Winterholt; Sec.-Treas., Miss H. Muir, General Hospital, Brantford; *Councillors*: Misses E. Clark, E. Eby, H. Tregear, L. Trusdale, G. Larmon, Mrs. Young; *Convenors*: *Nursing Education*, Miss J. Watson; *Public Health*, Miss M. Hackett; *Private Duty*, Miss F. McKenzie.

### District 4

Chairman, Miss A. Boyd; First Vice-Chairman, Miss M. Buchanan; Sec. Vice-Chairman, Miss E. Ewart; Sec.-Treas., Miss G. Coulthart, 82 Balmoral Ave. S., Hamilton; *Councillors*: Sr. M. Grace, Misses Wright, LeMay, Brewster, MacIntosh, Cameron; *Conveners*: *Hospital & School of Nursing*, Sr. M. Eileen; *Public Health*, Miss A. Oram; *General Nursing*, Miss S. Murray.

### District 5

Chairman, Miss A. Bell; First Vice-Chairman, Miss K. McNamara; Sec., Mrs. E. Major, 10 Bonnyview Dr., Humber Bay; Treas., Mrs. R. Challener; *Councillors*: Misses G. Jones, R. Scott, J. Wallace, J. Mitchell, G. Versey, I. Lawson; *Committee Conveners*: *Public Health*, Miss E. Van Lane; *General Nursing*, Miss I. Lindsay; *Hospital & School of Nursing*, Miss J. Ives.

### District 6

Chairman, Miss I. Shaw; First Vice-Chairman, Miss M. McKenzie; Sec. Vice-Chairman, Miss Covert; Sec.-Treas., Miss V. Taylor, General Hospital, Cobourg; *Committee Conveners*: *Hospital & School of Nursing*, Miss E. Young; *General Nursing*, Miss N. DiCola; *Public Health*, Miss Stewart; *Membership*, Miss N. Brown; *Enrolment*, Miss H. Fitzgerald; *Finance*, Miss F. Fitzgerald.

### District 7

Chairman, Miss A. Baillie; Vice-Chairmab, Miss E. Ardill; Sec.-Treas., Miss E. Sharp, Kingston General Hospital; *Councillors*: Misses E. Freeman, V. Manders, E. Moffatt, P. Gaven, Rev. Sr. Donovan; *Conveners*: *Hospital & School of Nursing*, Miss L. Acton; *General Nursing*, Miss A. Davis; *Public Health*, Miss D. Storms; *The Canadian Nurse*, Miss O. Wilson.

### District 8

Chairman, Miss M. Stewart; First Vice-Chairman, Rev. Sr. M. Evangeline; Sec. Vice-Chairman, Miss P. Walker; Sec.-Treas., Mrs. E. M. Smith, 140 Laurier Ave. W., Ottawa; *Councillors*: Misses V. Belier, W. Cooke, M. Lowry, K. McIlraith, Mrs. G. Fraser; *Conveners*: *Hospital & School of Nursing*, Rev. Sr. St. Godfrey; *General Nursing*, Mrs. G. Fraser; *Public Health*, Miss F. Moroni; *Cornwall Chapter*, Miss M. McWhinnie; *Pembroke Chapter*, Rev. Sr. M. Evangeline; *The Canadian Nurse*, Miss H. Tanner.

### District 9

Chairman, Miss J. Smith, Gravenhurst; First Vice-Chairman, Miss K. MacKenzie, North Bay; Sec. Vice-Chairman, Miss A. McGregor, Sault Ste. Marie; Sec., Miss R. Densmore, 109 Kohler St., Sault Ste. Marie; Treas., Miss R. Buchanan, Sanitarium, P. O.; *Committee Conveners*: *Public Health*, Miss H. E. Smith, New Liskeard; *Private Duty*, Miss G. Johnston, North Bay; *Nurse Education*, Miss A. Riordan, Sudbury; *The Canadian Nurse*, Mrs. J. McCausland.

### District 10

Chairman, Miss M. Buss, The Sanatorium, Fort William; Vice-Chairman, Miss Alice Hunter; Sec.-Treas., Miss Dorothy Chedister, General Hospital, Port Arthur; *Councillors*: Miss J. Hogarth, Miss V. Lovelace, Miss J. Berry; *Committee Conveners*: *Hospital & School of Nursing*, Miss L. Horwood; *General Nursing*, Miss I. Morrison; *Public Health*, Miss Q. Donaldson.

## PRINCE EDWARD ISLAND

### Prince Edward Island Registered Nurses Association

Pres., Miss Katharine MacLennan, Provincial Sanatorium, Charlottetown; Vice-Pres., Miss Mary Devereaux, New Haven; Sec., Miss Anna Mair, P.E.I. Hospital, Charlottetown; Treas. & Registrar, Rev. Sr. M. Magdalen, Charlottetown Hospital; *Chairmen of Sections*: *Hospital & School of Nursing*, Miss Georgie Brown, Prince Co. Hospital, Summerside; *General Nursing*, Miss Dorothy Hennessey, Charlottetown Hospital, Charlottetown; *Public Health*, Miss Margaret Darling, Alberton.

## QUEBEC

### Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

President, Miss Eileen C. Flanagan; Vice-President (English), Miss Mabel K. Holt; Vice-President (French), Rév. Soeur Valérie de la Sagesse; Honourary Secretary, Mlle Alice Albert; Honourary Treasurer, Miss Fanny Munroe; *Members without Office*: Misses Marion Nash, Mary Ritchie, Miles Roy, Trudel, Giroux; *Advisory Board*: Misses Jean S. Wilson, Margaret L. Moag, Catherine M. Ferguson, Marion Lindeburgh, Rév. Soeur Mance Décary, Mlles Maria Beaumier, Edna Lynch; *Conveners of Sections*: *General Nursing* (English), To be appointed; *General Nursing* (French), Mlle Anne-Marie Robert, 5484-A rue St. Denis, Montreal; *Hospital and School of Nursing* (English), Miss Martha Batson, Montreal General Hospital; *Hospital and School of Nursing* (French), Rév. Soeur Hébert, Hôtel-Dieu de St. Joseph, Montreal; *Public Health* (English), Miss Kathleen Dickson, Royal Edward Institute, Montreal; *Public Health* (French), Mlle Annonciade Martineau, 1034 rue St. Denis, Apt. 6, Montreal; *Board of Examiners*: Miss Mary Mathewson (convener), Misses Katie S. Annesley, Madeleine Flander, Mlles Alexina Marchessault, Anysie Deland, Suzanne Giroux; Executive Secretary, Registrar, and Official School Visitor, Miss E. Frances Upton, Room 1019, Medical Arts Bldg., 1538 Sherbrooke St. West, Montreal.

## SASKATCHEWAN

**Saskatchewan Registered Nurses Association**
**(Incorporated 1917)**

President, Miss M. Diederichs, Regina Grey Nuns Hospital; First Vice-President, Miss M. Ingham, Moose Jaw General Hospital; Second Vice-President, Miss E. Pearston, Melfort; *Councillors*: Rev. Sister Herman, St. Paul's Hospital, Saskatoon; Miss M. Pierce, Wolseley; *Chairmen of Sections*: *General Nursing*, Miss R. Wozny, 2216 Smith St., Regina; *Hospital & School of Nursing*, Miss A. F. Lawrie, Regina General Hospital; *Public Health*, Miss Gladys McDonald, 6 Mayfair Apts., Regina; Secretary-Treasurer, Registrar and Advisor, Schools for Nurses, Miss K. W. Ellis, University of Saskatchewan, Saskatoon.

**Regina Registered Nurses Association**

Hon. Pres., Miss A. Lawrie; Pres., Miss K. Morton; Vice-Pres., Miss R. Simpson; Sec., Miss E. Howard, General Hospital; Treas. & Registrar, Miss L. Dahl; *Conveners*: *Registry*, Miss L. Lynch; *Membership*, Miss K. McLachlan; *Entertainment*, Miss Spelliscy; *General Nursing*, Miss R. Wozny; *Public Health*, Miss F. Dean; *Hospital & School of Nursing*, Miss M. Zens.

# Alumnae Associations

## ALBERTA

**A.A., Calgary General Hospital, Calgary**

Hon. Pres., Miss S. Macdonald; Pres., Mrs. T. L. O'Keefe; First Vice-Pres., Mrs. A. E. Warrington; Sec. Vice-Pres., Mrs. H. Buckmaster; Corr. Sec., Mrs. F. Wotherspoon, 1215-9th St. W.; Rec. Sec., Mrs. A. McIntyre; Treas., Mrs. C. Parks; *Press*, Mrs. D. O. Macko; *Membership*, Mrs. E. Donnison.

**A.A., Holy Cross Hospital, Calgary**

President, Miss Ruth Turnbull; First Vice-President, Miss Gertrude Thorne; Second Vice-President, Miss Margaret Bella; Recording Secretary, Mrs. A. Kloepfer; Corresponding Secretary, Mrs. C. Harrison, 412–21st Avenue, N.W., Treasurer, Mrs. Elaine S. Clarke.

**A.A., Edmonton General Hospital, Edmonton**

Hon. Pres., Rev. Sr. M. O'Grady, Rev. Sr. F. Neuhausel; Pres., Mrs. R. McKee; First Vice-Pres., Miss E. Beitsch; Sec., Miss B. Holden; Corr. Sec., Miss J. Slavik, E.G.H.; Treas., Miss E. Carbol; *Committees*: *Standing*: Mrs. Price, Misses Quilichini, Peterson, Munroe, Nelson; *Visiting*: Misses Acker, Chickloski; *Private Duty*, Miss Ryan.

**A.A., Royal Alexandra Hospital, Edmonton**

Hon. Pres., Miss M. Fraser; Pres., Miss L. Einarson; First Vice-Pres., Mrs. J. F. Thompson; Sec. Vice-Pres., Miss A. Anderson; Rec. Sec., Mrs. R. Boyd; Corr. Sec., Miss M. Sissons, Royal Alexandra Hospital; Treas., Miss R. Cameron; *Committee Conveners*: *Program*, Miss V. Chapman; *Visiting*, Mrs. Jones; *Social*, Miss A. Lysne; *News Letter*, Miss I. Brewster; *Executive*: Misses M. Griffiths, H. Molofee, Mrs. Sandrocks; *Benefit*, Miss I. Johnson; *Scholarship*, Miss K. Brighty.

**A.A., University of Alberta Hospital, Edmonton**

Honourary President, Miss Helen S. Peters; President, Mrs. D. Payment; Vice-President, Miss S. Greene; Recording Secretary, Mrs. A. Ward; Corresponding Secretary, Mrs. S. Graham, 10448-126th Street; Treasurer, Miss D. Wright; *Executive Committee*: Mrs. W. Slean, Miss K. Chapman, Miss B. Fane, Miss D. Haycock.

**A.A., Lamont Public Hospital, Lamont**

Honourary President, Miss F. E. Welsh, Goderich, Ont.; President, Mrs. R. H. Shears; First Vice-President, Mrs. G. Archer; Second Vice-President, Mrs. G. Harrold; Secretary-Treasurer, Mrs. B. I. Love, Elk Island National Park, Lamont; *News Editor*, Mrs. Peterson, Hardisty; *Convener, Social Committee*, Miss C. Stewart.

**A.A., Vegreville General Hospital, Vegreville**

Hon. Pres., Rev. Sister Anna Keohane; Hon. Vice-President, Rev. Sister Josephine Boisseau; President, Mrs. H. Walker; Vice-President, Mrs. D. Triska; Secretary-Treasurer, Miss Annie Askin, Box 218; *Archivist*, Rev. Sister Cecilia Clermont; *Visiting Committee*, (Chosen monthly).

## BRITISH COLUMBIA

**A.A., St. Paul's Hospital, Vancouver**

Hon. Pres., Rev. Sr. Philippe; Hon. Vice-Pres., Rev. Sr. Columkille; Pres., Mrs. C. Melville; Vice-Pres., Miss B. Gebbie; Sec., Miss C. Connon, Nurses' Registry, St. Paul's Hosp.; Registrar, Rev. Sr. M. Columkille; Treas., Miss H. Conway; *Committee Conveners*: *Social*, Mrs. Chambers; *Program*, Miss O. McDaniels; *Press*, Miss B. Parlow; *Visiting*, Miss K. Flahiff; *Sick Benefit*, Miss E. McGee; *Reps.* to: *V.G.N.A.*, Miss M. McLaughlin; *The Canadian Nurse*, Miss F. Marsh.

**A.A., Vancouver General Hospital, Vancouver**

Hon Pres., Miss G. Fairley; Pres., Miss A. Reid; First Vice-Pres., Miss F. Innes; Rec. Sec., Miss P. Capelle; Corr. Sec., Miss E. Ketchum, 1009 W. 10th Ave.; Ex. Sec., Mrs. F. Faulkner; Treas., Miss L. Creelman; *Committee Conveners*: *Mutual Benefit*, Miss M. Olund; *Visiting*, Mrs. M. Appleby; *Social*, Mrs. G. Gillies; *Membership*, Miss M. Parker; *Refreshment*, Miss M. Steele; *Program*, Miss M. Tucker; *Rep.* to *Press*, Miss I. Loucks.

**A.A., Royal Jubilee Hospital, Victoria**

President, Mrs. J. H. Russell; First Vice-Pres., Mrs. D. Hunter; Sec. Vice-Pres., Miss M. Dickson; Sec., Mrs. J. A. McCague, 1046 View St.; Assist. Sec., Mrs. Shea; Treas., Mrs. McConnell; *Committee Conveners*: *Social*, Mrs. D. McLoud; *Visiting*, Miss F. Ferguson; *Press*, Mrs. Banyard; *Bursary Committee*: Misses Putman, Dickson, Herbert, Mmes Leal, McLoud.

**A.A., St. Joseph's Hospital, Victoria**

Hon. Pres., Sr. M. Alfreda; Hon. Vice-Pres., Sr. M. Gregory; Pres., Mrs. E. Corbett; First Vice-Pres., Mrs. M. Gilmore; Sec. Vice-Pres., Miss M. Murphy; Rec. Sec., Miss H. Cruickshank, 910 Market St.; Corr. Sec., Miss L. Duggan; Treas., Miss F. Crampton; *Councillors*: Mmes. F. Bryant, J. Moore, I. Moore, Miss H. Barrow; *Press*, Mrs. E. Gandy; *Visiting*, Misses D. Dixon, A. Osborne-Smith.

## MANITOBA

### A.A., St. Boniface Hospital, St. Boniface

Hon. President, Rev. Sister Superior; Hon. Vice-President, Mrs. F. Crosby; President, Mrs. W. McElheron; First Vice-President, Miss A. Danilevitch; Second Vice-President, Miss W. Grice; Rec. Sec., Mrs. F. Eastwood, Jr.; Corr. Secretary, Miss M. Alexander, Ste. 53, Roslyn Apts., Winnipeg; Treas., Miss M. Wastle; *Committee Conveners: Social*, Miss J. Aubin; *Membership*, Miss R. Toupin; *Visiting*, Miss M. Treasure; *Press*, Mrs. E. Dwyer; *Representatives* to: *M.A.R.N.*, Miss A. Laporte; *The Canadian Nurse*, Miss R. Luchuk; *Directory Committee of M.A.R.N.*, Mrs. B. Schoemperlen; *Local Council of Women*, Mrs. C. Hall.

### A.A., Children's Hospital, Winnipeg

Hon. Pres., Miss E. Mallory; Pres., Miss H. Hahr; First Vice-Pres., Miss B. Irwin; Rec. Sec., Miss B. Andrews; Corr. Sec., Miss E. Young, 91 Home St.; Treas., Miss B. Thain; *Committee Conveners: Program*, Mrs. A. Robson; *Ways & Means*, Miss M. Smith; *Visiting & Red Cross*, Mrs. D. Morrison; *Membership*, Mrs. G. Cummings; *News Editor*, Miss D. Still.

### A.A., Misericordia Hospital, Winnipeg

Hon. President, Sister St. Bertha; President, Miss D. Bateman; Vice-President, Miss M. Ego; Sec., Miss L. Finlay, 23 Fairhaven Apts.; Treas., Miss E. Frye; *Chairman, Executive Committee*, Miss E. Shouldice; *Committee Conveners: Visiting*, Miss C. Bodin; *Refreshment*, Miss S. O'Brien; *Directory*, Miss V. Blaine; *Publicity Agent*, Miss H. Hilton.

### A.A., Winnipeg General Hospital, Winnipeg

Hon. Pres., Mrs. A. W. Moody; Pres., Miss I. McDiarmid; First Vice-Pres., Miss C. Lethbridge; Sec. Vice-Pres., Miss T. Wiggins; Third Vice-Pres., Miss E. Wilson; Rec. Sec., Miss J. Smith; Corr. Sec., Miss T. Fredrickson, 630 Maryland St.; Treas., Miss F. Stratton; *Committee Conveners: Program*, Mrs. W. H. Anderson; *Membership*, Miss B. V. Seeman; *Visiting*, Mrs. J. F. Page; *Journal*, Mrs. W. G. Beaton; *School of Nursing*, Miss G. Hall; *The Canadian Nurse*, Miss H. Smith; *Central Directory*, Miss A. Howard; *Archivist*, Miss M. Stewart; *Jubilee*, Miss P. Bonner; *Council of Women*, Miss M. McGilvray; *Council of Social Agencies*, Miss B. McClung.

## NEW BRUNSWICK

### A.A., Saint John General Hospital, Saint John

Hon. Pres., Miss E. Mitchel; Pres., Mrs. G. Lewin; First Vice-Pres., Mrs. H. Ellis; Sec. Vice-Pres., Miss S. Hartley; Sec., Miss S. Turnbull, Saint John General Hospital; Treas., Miss R. Wilson; *Committee Conveners: Entertainment*, Mmes O. Fowler, R. Dick, Miss M. Barker; *Refreshments*, Mrs. L. Dunlop, Miss A. Carney; *Flower*, Mrs. F. McKelvey, Miss A. Carney.

### A.A., L. P. Fisher Memorial Hospital, Woodstock

President, Mrs. W. B. Manzer; Vice-President, Mrs. John Hale; Secretary, Mrs. Allan Wort, Connell Street; Treasurer, Miss Nellie G. Wallace; *Executive Committee*: Mrs. Wendall Slip, Miss Margart Parker, Mrs. Percy Caldwell.

## NOVA SCOTIA

### A.A., Glace Bay General Hospital, Glace Bay

Pres., Mrs. F. MacKinnion; First Vice-Pres., Mrs. W. MacPherson; Sec. Vice-Pres., Mrs. H. Spencer; Rec. Sec., Mrs. G. Fraser; Corr. Sec., Miss F. Anderson, General Hospital; Treas., Miss W. MacLeod; *Committee Conveners: Executive*, Miss C. Roney; *Visiting*, Mrs. G. Turner; *Finance*, Miss A. Beaton.

### A.A., Halifax Infirmary, Halifax

Pres., Mrs. Alec Chaisson; Vice-Pres., Miss Isabel O'Reilly; Rec. Sec., Miss Joan Story; Corr. Sec., Mrs. Arthur Gauld, 118 Cedar St.; Treas., Miss Hilda Harnish; *Committee Conveners: Visiting*, Miss Annie Murphy; *Entertainment*, Mrs. John O'Neill; *Press*, Miss Dorothy MacDonald; *Nominating*, Mrs. Roy Sullivan; *Librarian*, Miss Dorothy Turner.

### A.A., Victoria General Hospital, Halifax

Pres., Miss Agnes Cox, Tuberculosis Hospital; Vice-Pres., Mrs. E. MacQuade; Sec., Miss Grace Porter, 267 South St.; Treas., Miss Helen Joncas, Victoria General Hospital; *Committee Conveners: Entertainment*, Misses M. Ripley, A. Power; *Refreshments*, Mrs. Cullen, Miss Gervaise; *Visiting*, Misses G. Byers, H. Watson; *Private Duty*, Miss Isobel MacIntosh.

## ONTARIO

### A.A., Belleville General Hospital, Belleville

Pres., Miss D. Williams; First Vice-Pres., Miss N. DiCola; Sec. Vice-Pres., Miss M. Peacock; Sec., Miss Edna Sullivan, General Hospital; Treas., Miss M. Leury; Registrar, Miss M. Duncan; *Committee Conveners: Flowers*, Miss D. Hogle; *Social*, Miss D. Warren; *Program*, Miss M. Fitzgerald; *Rep.* to *The Canadian Nurse* & *Press*, Miss M. Plumton.

### A.A., Brantford General Hospital, Brantford

Hon. Pres., Miss E. McKee; Pres., Mrs. S. Barber; Vice-Pres., Mrs. A. Grierson; Sec., Miss I. Feely, General Hospital; Treas., Miss J. Rousell; *Committee Conveners: Social*, Mrs. G. Thompson, Miss M. Robertson; *Flower*, Misses N. Yardley, R. Moffat; *Gift*, Misses K. Charnley, H. Muir; *Reps.* to: *The Canadian Nurse* & *Press*, Miss M. Copeland; *Private Duty Section*, Miss E. Scott; *Local Council of Women*, Mmes W. Riddolls, A. Mizon, R. Smith; *Red Cross*, Miss E. Lewis.

### A.A., Brockville General Hospital, Brockville

Hon. Presidents, Misses A. Shannette, E. Moffatt; Pres., Mrs. M. White; First Vice-Pres., Mrs. W. Cooke; Sec. Vice-Pres., Miss L. Merkley; Sec., Miss H. Corbett, 127 Pearl St. E.; Ass. Sec., Mrs. E. Finlay; Treas., Mrs. H. Vandusen; *Committee Conveners: Social*, Mrs. H. Green; *Flower*, Miss Kendrick; *Program*, Mrs. Derry; *Rep.* to *The Canadian Nurse*, Miss Corbett.

### A.A., Public General Hospital, Chatham

Hon. President, Miss Priscilla Campbell; President, Miss Lillian Hastings; First Vice-President, Miss Jean McKerrall; Second Vice-President, Mrs. Malcolm MacKay; Recording Secretary, Miss Violet Carnes; Corresponding Secretary, Miss Margaret Gilbert, 104 Harvey St.; Treasurer, Miss Winnifred Fair.

**A.A., St. Joseph's Hospital, Chatham**

Hon. Pres., Mother M. Pascal; Hon. Vice-Pres., Sr. M. Thecla; Pres., Miss Mary Doyle; First Vice-Pres., Miss Hazel Gray; Sec. Vice-Pres., Miss Evelyn Cadotte; Sec.-Treas., Miss May Boyle, 30 West St.; Corr. Sec., Miss Anne Kenny, 1 Grand Ave. E.; *Representative* to *The Canadian Nurse*, Miss Mary Clare Zink.

**A.A., Cornwall General Hospital, Cornwall**

Hon. Pres., Miss H. C. Wilson; Pres., Miss E. Allen; First Vice-Pres., Mrs. M. Quail; Sec.-Treas., Miss G. Meyer, General Hospital; *Committee Conveners*: *Program*, Miss M. Summers; *Social Finance*, Miss M. Franklin; *Flower*: Miss E. Rustin, Miss G. Meyer; *Visiting*: Mrs. Wagoner, Mrs. Frayne; *Membership*, Miss G. Rowe; *Rep.* to *The Canadian Nurse*, Miss B. Kinkald.

**A.A., Galt Hospital, Galt**

President, Mrs. E. D. Scott; Vice-President, Miss Hazel Blagden; Secretary, Mrs. A. Bond, General Hospital; Treasurer, Mrs. W. Bell; *Committee Conveners*: *Social*, Miss Claire Murphy; *Flower*, Miss L. MacNair; *Press*, Mrs. J. M. Byrne.

**A.A., Guelph General Hospital, Guelph**

Hon. Pres., Miss S. A. Campbell; Pres., Miss L. Ferguson; First Vice-Pres., Mrs. F. C. McLeod; Sec., Miss K. Laird, General Hospital; Treas., Miss M. Featherstone; *Committees*: *Social*, Miss M. Doughty; *Program*: Misses M. Norrish, C. Ziegler, E. Wanless, E. Lunau; *Flower*, Miss H. Hall; *Rep.* to *The Canadian Nurse*, Miss E. Liphardt.

**A.A., St. Joseph's Hospital, Guelph**

Hon. Pres., Sr. M. Augustine; Hon. Vice-Pres., Sr. M. Dominica; Pres., Miss Doris Milton; Vice-Pres., Miss Eva Murphy; Rec. Sec., Miss B. Kadwell; Corr. Sec., Miss Anna M. Herringer, St. Joseph's Hospital; Treas., Miss H. Harding; *Convener of Social Committee*, Mrs. T. McCorkindale; *Representative* to *The Canadian Nurse*, Miss A. Herringer.

**A.A., Hamilton General Hospital, Hamilton**

Hon. President, Miss C. E. Brewster; President, Miss Edna Bell; First Vice-President, Miss M. Watson; Second Vice-President, Miss M. Watt; Recording Secretary, Mrs. Hilda Roy; Corresponding Secretary, Miss E. Ferguson, 127 Balsam Ave.; Treasurer, Miss N. Coles, 499 Main St. East; Secretary-Treasurer, Mutual Benefit Association, Miss M. Jarvis, 103 Wellington Street, South; *Committee Conveners*: *Executive*, Miss I. Mayall; *Program*, Miss H. Tilling; *Flower and Visiting*, Miss G. Servos; *Budget*, Miss L. O. Watson.

**A.A., St. Joseph's Hospital, Hamilton**

Hon. Pres., Sr. M. Alphonsa; Pres., Miss D. Crosby; First Vice-Pres., Miss B. Cocker; Treas., Miss L. Curry; Rec. Sec., Miss F. Nicholson; Corr. Sec., Miss E. Moran, 95 Victoria Ave. S.; *Executive*: Misses Crane, Dynes, Miller, McManamy, Hayes, Quinn, Markle, Neal; *Entertainment*, Miss A. Williams; *Rep.* to *The Canadian Nurse*, Miss J. Stevenson.

**A.A., Hôtel-Dieu, Kingston**

Hon. Presidents, Rev. Sr. Rouble, Mrs. W. Elder; Pres., Mrs. W. H. Lawler; First Vice-Pres., Mrs. V. Fallon; Sec. Vice-Pres., Mrs. C. Keller; Sec., Miss M. Flood, 380 Brock St.; Sec.-Treas., Miss D. McGuire; *Committees*: *Executive*: Mmes Elder, Ahern, Hickey, Miss K. McGarry; *Visiting*: Miss A. O'Connell, Mrs. A. Thompson; *Social*: Misses J. Carty, M. Hinch.

**A.A., Kingston General Hospital, Kingston**

Honourary President, Miss L. Acton; President, Mrs. F. Atack; First Vice-President, Mrs. R. Robinson; Second Vice-President, Miss E. Freeman; Secretary, Mrs. C. Jackson, 261 University Ave.; Treasurer, Mrs. C. W. Mallory, 176 Alfred St.; Asst. Treas., Miss P. Timmerman, K.G.H.; *Press Representative*, Miss Mae Porter.

**A.A., Kitchener and Waterloo General Hospital, Kitchener**

Hon. Pres., Miss K. W. Scott; Pres., Miss T. Sittler; First Vice-Pres., Mrs. J. Collins; Sec. Vice-Pres., Miss R. Bagshaw; Sec., Miss V. Eveleigh, 21 Wellington St., Kitchener; Treas., Miss E. Janzen; *Committee Conveners*: *Program*, Miss H. Murdock; *Flowers*: Misses M. McManus, M. McLean; *Social*: Mrs. J. Collins; *Rep.* to *The Canadian Nurse*, Miss A. Leslie.

**A.A., St. Mary's Hospital, Kitchener**

Hon. Pres., Sister M. Gerard; Hon. Vice-Pres. Sister M. Geraldine; Pres., Miss E. Knipfel; Vice-Pres., Miss J. Pickard; Rec. Sec., Mrs. N. Schmidt; Corr. Sec., Miss H. Stumpf, 67 Menno St., Waterloo; Treas., Miss M. Brand; *Representative* to *The Canadian Nurse*, Miss E. Taggart, 32 Mill St., Kitchener.

**A.A., Ross Memorial Hospital, Lindsay**

Hon. Pres., Miss E. S. Reid; Pres., Mrs. M. Thurston; First Vice-Pres., Miss G. Lehigh; Sec., Miss Doris Currins, Lindsay, R.R. 6; Treas., Mrs. U. Cresswell; *Committee Conveners*: *Program*: Misses Harding, Wilson; *Refreshments*: Misses Stewart, Kirley; *Flowers*, Miss M. Brackenridge; *Press*, Miss B. Owen; *Red Cross Supply*, Miss A. Flett.

**A.A., St. Joseph's Hospital, London**

Hon. Pres., Mother M. Theodore; Hon. Vice-Pres., Sister M. Ruth; Pres., Miss I. Griffin; First Vice-Pres., Miss M. Russell; Sec. Vice-Pres., Miss A. Kelly; Corr. Sec., Miss F. Caddy, 587 Grosvenor St.; Rec. Sec., Miss P. Dunn; Treas., Miss A. Switzer; *Committee Conveners*: *Social*: Misses M. Ings, M. Kelly; *Finance*: Misses M. Etue, O. O'Neil; *Reps.* to *Registry*: Misses M. Baker, K. McIntyre; *Press*: Miss M. Regan.

**A.A., Victoria Hospital, London**

Hon. President, Miss H. M. Stuart; Hon. Vice-President, Mrs. A. E. Silverwood; President, Miss I. Sadleir; First Vice-Pres., Miss G. Erskine; Sec. Vice-Pres., Miss J. Monteith; Rec. Sec., Mrs. R. Lind; Corr. Secretary, Miss A. McCall, 281 Hill St.; Treas. Mrs. H. T. Spettigue, 179 Devonshire Ave.; *Publications*: Misses M. Steinhoff, F. Bell.

**A.A., Niagara Falls General Hospital, Niagara Falls**

Hon. Pres., Miss M. Park; Pres., Mrs. H. Mylchreest; Hon. Vice-Pres., Miss M. Buchanan; First Vice-Pres., Miss R. Livingstone; Sec. Vice-Pres., Miss D. Scott; Sec.-Treas., Mrs. W. McCarthy, 881 McRae St.; Corr. Sec., Mrs. W. Dunn; *Committee Conveners*: *Visiting*, Miss R. Thompson; *Educational*, Miss V. Wigley; *Membership*, Miss M. LeMay; *Representative* to *The Canadian Nurse* & *R.N.A.O.*, Miss I. Hammond.

**A.A., Orillia Soldiers' Memorial Hospital, Orillia**

Honourary Presidents, Miss E. Johnston, Miss O. Waterman; President, Mrs. H. Hannaford; Vice-Presidents, Miss C. Buie, Miss M. MacLelland; Treasurer, Miss L. V. MacKenzie, 21 William St.; Secretary, Miss Muriel Givens, 23 Albert St.; *Directors*: Misses S. Dudenhoffer, B. McFadden, G. Adams; *Auditors*: Miss F. Robertson, Mrs. H. Burnet.

**A.A., Oshawa General Hospital, Oshawa**

Hon. Presidents, Misses E. MacWilliams, E. Stuart; Pres., Miss W. Werry; First Vice-Pres., Miss B. Gay; Sec. Vice-Pres., Miss Richardson; Sec., Miss Hunter; Corr. Sec., Miss G. Page, O.G.H.; Treas., Miss B. Rose; *Committee Conveners*: *Private Duty*, Miss A. Reddon; *Social* Miss G. Switzer; *Program*, Miss Green; *Rep.* to *The Canadian Nurse*, Miss A. Twilley.

**A.A., Lady Stanley Institute (Incorporated 1918) Ottawa**

Hon. Pres., Mrs. W. S. Lyman; Hon. Vice-Pres., Miss F. Potts; Pres., Mrs. W. E. Caven; Vice-Pres., Miss G. Halpenny; Sec., Mrs. P. R. Grant, 74 Byron Ave.; Treas., Mrs. G. C. Bennett; *Board of Directors*: Mrs. Waddell, Misses McNiece, McGibbon, Flack; *Flower Convener*, Miss E. Booth; *Representatives* to: *Press*, Miss G. Halpenny; *Registry*: Misses M. Slinn, E. Curry; *The Canadian Nurse*, Mrs. V. Boles.

**A.A., Ottawa Civic Hospital, Ottawa**

Hon. President, Miss G. M. Bennett; President, Miss D. Ogilvie; First Vice-Pres., Miss G. Wilson; Sec. Vice-Pres., Miss C. Wilcox; Rec. Sec., Miss L. Gourlay; Corr. Sec., Miss N. Robinson, O.C.H.; Treas., Miss D. Johnston, 98 Holland Ave.; *Councillors*: Mrs. H. B. Kidd, Misses G. Moorhead, G. Ferguson, F. McLeod, M. Steen, E. Graham; *Committee Conveners*: *Flower*, Miss E. Rovideaux; *Visiting*: Mrs. E. Young, Miss H. King; *Representatives* to *Central Registry*: Misses R. Alexander, O. Bradley, E. Graydon, C. McLeod.

**A.A., Ottawa General Hospital, Ottawa**

Honourary President, Rev. Sr. Flavie Domitilie; President, Miss Viola Foran; First Vice-President, Miss Alice Proulx; Second Vice-President, Miss Joan Stock; Secretary-Treasurer, Miss Lucille Brulé, 95 Glen Ave.; *Membership Secretary*, Miss Florence Lepine; *Councillors*: Rev. Sr. Flavie Domitilie, Miss Rose Therien, Miss Jeanne LaRochelle, Miss Evelyn Byrne, Miss Marion Prindeville, Mrs. Larry Dunn.

**A.A., St. Luke's Hospital, Ottawa**

Hon. Pres., Miss E. Maxwell, O.B.E.; Pres., Mrs. W. H. Johnston; Vice-Pres., Mrs. J. Prickard; Sec., Miss E. G. Woods, 27 Rosebery Ave.; Treas., Miss D. Brown; *Committees*: *Flower*: Mrs. Hall, Miss L. Craig; *Refreshments*: Mrs. Hobbs, Misses M. Wilson, E. Young; *Reps.* to: *Central Registry*: Mrs. R. Brown, Miss P. Heron; *Local Council of Women*, Miss E. G. Woods.

**A.A., Owen Sound General and Marine Hospital, Owen Sound**

Honourary Presidents, Miss R. Brown, Miss E. Webster; President, Miss C. McKeen; First Vice-President, Miss V. Read; Secretary-Treasurer, Mrs. Chas. W. Johnston, 288-11th Street, West; *Representative* to *R.N.A.O.*, Miss Dorothy Robinson, First Avenue, West.

**A.A., Nicholls Hospital, Peterborough**

Hon. Pres., Mrs. E. M. Leeson; Pres., Miss Florence Vickers; First Vice-Pres., Miss D. MacBrien; Sec. Vice-Pres., Miss J. Preston; Rec. Sec., Miss Florence Scott; Corr. Sec., Miss Annie MacKenzie, 758 George St.; Treas., Miss Isobel King, 210 Antrim St.; *Social Conveners*: Mrs. R. Taylor, Mrs. Ruth; *Flower Convener*: Miss J. Preston.

**A.A., St. Joseph's Hospital, Port Arthur**

Honourary President, Rev. Mother Camillus; Honourary Vice-President, Rev. Sister Sheila; President, Mrs. Jack Tiskey; Vice-President, Miss Cecila Kelly; Secretary, Mrs. Jack Weir, 419 Ambrose St.; Treasurer, Miss Millie Reid; *Executive*: Misses Aili Johnson, Lucy Miocich, Olive Thompson, Isabel Hamer, Mrs. W. Geddes.

**A.A., Sarnia General Hospital, Sarnia**

Hon. Pres., Miss D. Shaw; Pres., Miss Frances Harris; Vice-Pres., Miss A. McMillen; Sec., Miss Jean Anderson, 230 Cromwell St.; Treas., Miss J. Cairns; *Committee Conveners*: *Program*, Miss D. Cluskey; *Social*, Miss J. Revington; *Flower and Visiting*, Miss M. Thompson; *Alumnae Room*, Miss D. Shaw; *Representative* to *The Canadian Nurse & Press*, Mrs. M. Elrick.

**A.A., Stratford General Hospital, Stratford**

Honourary President, Miss A. M. Munn; President, Miss Murdean Mackenzie; Vice-President, Miss Bessie Williams; Secretary-Treasurer, Miss Jean Bell, R.R., St. Mary's; *Committee Conveners*: *Social*, Miss Alice Bailey; *Flowers and Gifts*, Miss Mae Cardwell.

**A.A., Mack Training School, St. Catharines**

President, Mrs. Richardson; First Vice- Pres., Miss Maclean; Second Vice-Pres., Miss Snetsinger; Secretary, Miss Fowler, General Hospital; Treasurer, Miss Beard; *Committee Conveners*: *Program*, Miss Hodgins; *Social*, Miss Mastie; *Visiting*, Miss Daboll; *Representatives* to: *Press*, Miss M. Hughes; *The Canadian Nurse*, Miss Albertson.

**A.A., Amasa Wood Memorial Hospital, St. Thomas**

Hon. Pres., Miss J. M. Wilson; Hon. Vice-Pres., Miss F. Kudoha; Pres., Miss E. Stoddern; First Vice-Pres., Miss E. Ray; Sec., Mrs. B. Davidson; Corr. Sec., Miss E. Dodds, 33 Wellington St.; Treas., Miss H. McCormack; *Committee Conveners*: *Social*, Miss A. Claypole; *Flower*, Miss M. Broadley; *Ways & Means*, Miss A. Fryer; *Reps.* to *R.N.A.O.*, Miss B. McGee; *Press*, Miss E. Jewell.

**A.A., The Grant Macdonald Training School for Nurses, Toronto**

Honorary President, Miss Pearl Morrison; President, Mrs. E. Jacques; Vice-President, Miss A. Lendrum; Recording Secretary, Mrs. M. Smith, 130 Dunn Avenue; Corresponding Secretary, Miss Ivy Ostic, 130 Dunn Avenue; Treas., Miss Maud Zufelt; *Social Convener*, Miss B. Langdon.

**A.A., Hospital for Sick Children, Toronto**

Hon. Presidents, Mrs. Goodson, Miss F. J. Potts, Miss K. Panton, Miss P. B. Austin, Miss Masten; Pres., Mrs. E. Chadwick; First Vice-Pres., Mrs. A. W. Russell; Sec. Vice-Pres., Miss M. Francis; Rec. Sec., Miss M. Fletcher; Corr Sec., Miss H. McGeary, 140 Wellesley Cres., Apt. 29; Treas., Mrs. Douglas Russell, 117 Lascelles Blvd.; Assist. Treas., Miss Lucy Ashton, H.S.C.

**A.A., Riverdale Hospital, Toronto**

Pres., Mrs. S. Hubbert; First Vice-Pres., Mrs. H. Radford; Sec. Vice-Pres., Miss M. Thompson; Sec., Mrs. H. Meen, 213 Keele St.; Treas., Mrs. T. Fairbairn; *Committee Conveners: Program*, Miss Mathieson; *Visiting*: Mrs. Spreeman, Misses Thompson, B. Lowrie; *Press & Publication*, Miss Stewart; *Reps.* to: *R.N.A.O.*, Miss Gerber; *The Canadian Nurse*, Miss Armstrong.

**A.A., St. John's Hospital, Toronto**

Honourary President, Sister Beatrice; President, Miss M. Martin; First Vice-President, Mrs. P. E. Thring; Second Vice-President, Miss V. Mountain; Recording Secretary, Miss Anderson; Corresponding Secretary, Miss M. Riches, St. John's Convalescent Hospital, Newtonbrook; Treasurer, Miss M. Draper; *Social Convener*, Mrs. C. Kerr; *Press Representative*, Miss R. Ramsden.

**A.A., St. Joseph's Hospital, Toronto**

Hon. Pres., Rev. Sr. M. Electa; Pres., Miss T. Hushin; First Vice-Pres., Miss A. O'Neill; Sec. Vice-Pres., Miss L. Hill; Rec. Sec., Miss C. Hallett; Corr. Sec., Miss C. McQuillan, 91 Fern Ave.; Treas., Miss M. McMahon; *Councillors*: Misses M. Caden, M. Heydon, H. Malone, A. Tobin; *Representative* to *R.N.A.O.*, Miss C. Knaggs.

**A.A., St. Michael's Hospital, Toronto**

Hon. Pres., Sister Mary of the Nativity; Hon. Vice-Pres., Sr. Mary Kathleen; Pres., Miss Doreen Murphy; First Vice-Pres., Miss R. Moore; Sec. Vice-Pres., Miss M. Stone; Rec. Sec., Miss M. McRae; Corr. Sec., Miss M. Hughes, 32 Glenholme Ave.; Treas., Miss C. Cronin; *Councillors*: Misses L. Regan, E. Crocker, C. Hammill; *Committee Conveners*: *Press*, Miss P. Harding; *Mag. Editor*, Miss M. Crowley; *Assoc. Membership*, Mrs. R. Slingerland; *Reps.* to: *Hospital & School of Nursing Section*, Miss G. Murphy; *Public Health Section*, Miss L. Larsen; *Local Council of Women*, Mrs. T. Scully.

**A.A., School of Nursing, University of Toronto, Toronto**

Hon. Pres., Miss E. K. Russell; Hon. Vice-Pres., Miss F. H. Emory; Pres., Mrs. M. McCutcheon; First Vice-Pres., Miss M. Macfarland; Sec. Vice-Pres., Miss E. Cryderman; Sec., Miss M. Nicol, 118 Glen Ayr Rd.; Treas., Miss D. McPherson; *Committee Conveners*: *Membership*, Miss E. Greenwood; *Special Fund*, Miss E. Fraser; *Program*, Miss J. Wilson; *Social*, Miss B. Ross.

**A.A., Toronto General Hospital, Toronto**

President, Mrs. E. S. Jeffrey; First Vice-President, Miss Ethel Cryderman; Second Vice-President, Mrs. R. F. Chisholm; Secretary-Treasurer, Mrs. F. B. G. Coombs, 1585 Bloor St. W.; *Councillors*: Misses Mabel Cunningham, Mary Meikle, Christine Wallace, Mrs. J. B. Wadland; *Committee Conveners*: *Flower*, Miss E. Forgie; *Social*, Miss Dorothea Lake; *Program*, Miss Maud Fry; *Archives*, Miss J. M. Kniseley; *"The Quarterly"*, Mrs. H. E. Wallace.

**A.A. Training School for Nurses of the Toronto East General Hospital with which is incorporated the Toronto Orthopedic Hospital, Toronto**

Honourary President, Miss Ella MacLean; President, Miss Claire Patrick; Secretary, Miss Vera Donnelly, 110 Victoria Park Avenue, Toronto; Treasurer, Miss Kathleen Beaton.

**A.A., Toronto Western Hospital, Toronto**

Hon. Presidents, Miss B. Ellis, Mrs. C. J. Currie; President, Mrs. Douglas Chant; Vice-President, Miss Mae Palk; Corresponding Secretary, Miss Isabel Kee, Nurses' Residence, T.W.H.; Recording Secretary, Miss Margaret Elliott; Treasurer, Miss Benita Post, Western Hospital; *Representative* to *The Canadian Nurse*, Miss Jessie Wallace.

**A.A., Wellesley Hospital, Toronto**

Hon. Pres., Miss E. K. Jones; Pres., Miss G. Bolton; First Vice-Pres., Miss J. Harris; Sec. Vice-Pres., Miss M. Stanton; Corr. Sec., Miss A. Solomon, 2 Linden St.; Rec. Sec., Miss G. Schwindt; Treas., Miss G. Shier; Treas. for *Sick Benefit Fund*, Miss J. Brown; *General Committee*: Misses E. Cowen, H. Wark, J. Laird, Mrs. A. Brymer.

**A.A., Women's College Hospital, Toronto**

Honourary President, Mrs. Bowman; Honourary Vice-President, Miss H. T. Melklejohn; President, Mrs. S. Hall, 866 Manning Ave.; Recording Secretary, Miss Isabel Hall, Women's College Hospital; Treasurer, Miss W. Worth, 93 Scarbora Beach Blvd.; *Representative* to *The Canadian Nurse*, Miss Mary Chalk.

**A.A., Ontario Hospital, New Toronto**

Hon. Presidents, Miss E. Rothery, Miss C. Brock; Pres., Miss E. Moriarty; First Vice-Pres., Miss R. Osborne; Rec. Sec., Miss E. McCalpin; Corr. Sec., Miss L. Chartrand, Ontario Hospital; Treas., Mrs. E. Claxton; *Committee Conveners*: *Program*, Miss O. Strand; *Social*, Miss L. Blair; *Visiting & Flower*, Miss E. Alderton; *Rep.* to *The Canadian Nurse*, Miss M. Garrett.

**A.A., Grace Hospital, Windsor**

President, Adjutant Gladys Barker; Vice-President, Mrs. R. Blair; Secretary, Miss Jeanette Ferguson, Grace Hospital; Treasurer, Miss Frances Johns; *Echoes' Editor*, Adjutant Gladys Barker.

**A.A., Hôtel-Dieu, Windsor**

Hon. Pres., Rev. Mother Marie; Hon. Vice-Pres., Sr. C. Maitre; Pres., Miss J. Thomas; First Vice-Pres., Miss E. Cox; Sec. Vice-Pres., Miss J. Curry; Sec., Miss A. McNulty; Corr. Sec., Sr. Marie Roy, Hôtel-Dieu; Treas., Miss L. Arisenault; *Visiting Committee*: Misses M. May, B. Beuglet.

**A.A., General Hospital, Woodstock**

Pres., Mrs. E. Colclough; Vice-Pres., Miss M. Matheson; Sec., Miss C. Stager; Ass. Sec., Miss A. Aitcheson; Treas., Miss M. Peirce; Ass. Treas., Miss R. Wright; Corr. Sec., Miss G. Jefferson, General Hospital; *Committee Conveners*: *Flower & Gift*: Miss M. Hodgins; *Program*: Miss J. Kelly; *Social*: Misses Start, Watson, Howes, Cleator; *Rep.* to *Press*: Miss B. Calvert.

## QUEBEC

### A.A., Children's Memorial Hospital, Montreal

Hon. Presidents, Misses A. S. Kinder, E. Alexander; Pres., Miss J. E. Cochrane; Vice-Pres., Miss E. Fraser; Sec., Miss M. MacNaught, Children's Memorial Hospital; Treas., Miss E. Richardson; *Committee Conveners: Social*, Miss M. Robinson; *Visiting*, Miss E. Wilsey; *Representatives* to: *Private Duty Section*, Miss A. J. O'Dell; *The Canadian Nurse*, Miss H. Nuttall.

### A.A., Homoeopathic Hospital, Montreal

Hon. President, Miss Vera Graham; Pres., Miss Lillian Athelstan; Treas., Mrs. Warren; Sec. Miss Jessie Morris, 328 Desmarchais Blvd., Verdun; *Committee Conveners: Sick Benefit*, Mrs. Warren; *Visiting*, Miss Currie; *Refreshment*, Miss Currie; *Program*, Miss D. Ward; *Reps.* to: *Local Council of Women*, Mrs. Stevenson; *The Canadian Nurse*, Miss M. E. Fox.

### A.A, Lachine General Hospital, Lachine

Honourary President, Miss L. M. Brown; President, Miss Ruby Goodfellow; Vice-President, Miss Myrtle Gleason; Secretary-Treasurer, Mrs. Byrtha Jobber, 60-51st Ave., Dixie—Lachine; *General Nursing Representative*, Miss Ruby Goodfellow; *Executive Committee*: Mrs. Barlow, Mrs. Gaw, Miss Dewar.

### L'Association des Gardes-Malades Diplômées, Hôpital Notre-Dame, Montréal

Hon. Pres., Sr. Papineau; Hon. Vice-Pres., Sr. Décary; Pres., Miss E. Mérizzi; First Vice-Pres., Miss M. Gagnon; Sec. Vice-Pres., Miss C. Frégeau; Rec. Sec., Miss G. Roy; Corr. Sec., Miss L. Deguire; Assoc. Sec., Miss M. Leroux; *Councillors*: Misses G. Latour, B. Magnan, M. Lussier.

### A.A., Montreal General Hospital, Montreal

Hon. Presidents, Miss J. Webster, O.B.E., Miss N. Tedford, Miss F. E. Strumm; Hon. Treasurer, Miss H. Dunlop; President, Miss C. Anderson; First Vice-President, Miss B. Birch; Second Vice-President, Mrs. D. White; Recording Secretary, Miss A. Tennant; Corresponding Secretary, Miss M. Shannon, Nurses Home, Montreal General Hospital; Treasurer, Miss I. Davies; *Committees: Executive*: Misses M. K. Holt, K. Annesley, M. MacDonald, Mmes L. Fisher, J. P. Robb; *Program*: Misses M. Batson, A. Tennant, C. Angus; *Refreshment*: Misses Cluff (convener), J. MacDonald, H. Christian, J. McNair, L. Fife, M. MacQuarrie; *Visiting*: Misses F. E. Strumm, C. MacDonald, M. Ross; *Representatives* to: *General Nursing Section*: Misses M. I. MacLeod, M. McCann, A. Whitney, J. Van Vliet; *Local Council of Women*: Misses C. Colley, M. Stevens; *The Canadian Nurse*, Miss C. Watling.

### A.A., Royal Victoria Hospital, Montreal

Hon. President, Miss Mabel F. Hersey; President, Mrs. R. A. Taylor; First Vice-President, Miss F. Munroe; Second Vice-President ,Miss H. Sharpe; Recording Secretary, Miss K. Stanton; Secretary-Treasurer, Miss G. A. K. Moffat, Royal Victoria Hospital; *Board of Directors* (without office): Miss E. C. Flanagan, Mrs. E. O'Brien; *Conveners of Standing Committees*: *Finance*, Mrs. R. Fetherstonhaugh; *Program*, Miss G. Yeats; *Scholarship*, Miss H. Sharpe; *General Nursing*, Mrs. A. F. Robertson; *Conveners of Other Committees*: *Canteen*, Miss B. Campbell; *Red Cross*, Mrs. F. E. McKenty; *Visiting*, Miss E. Reid; *Representatives* to: *The Canadian Nurse*, Miss G. Martin; *Local Council of Women*, Mrs. Vance Ward, Miss K. Dickson.

### A.A., St. Mary's Hospital, Montreal

Hon. Pres., Rev. Sr. Rozon; Pres., Miss I. Goring; Vice-Pres., Miss T. deWitt; Sec., Miss P. Owens; Corr. Sec., Miss P. McKenna, 4328 Girouard Ave.; Treas., Miss E. Quinn; *Committees*: *Entertainment*: Misses E. O'Hare, M. Smith, M. Morris, Mrs. Latremoille; *Visiting*: Misses R. Bradley, N. Callahan, M. Collins; *Press*: Misses R. Prendergast, I. Olney.

### A.A., School for Graduate Nurses, McGill University, Montreal

Pres., Miss Margaret Brady; Sec.-Treas., Miss Elsie Allder, Royal Victoria Hospital; *Conveners*: *Flora M. Shaw Memorial Fund*, Mrs. L. H. Fisher; *Program*, Miss R. Lamb; *Representatives* to: *Local Council of Women*, Mrs. J. T. Allan, Mrs. J. R. Taylor; *The Canadian Nurse*, Miss F. Lamont.

### A.A., Woman's General Hospital, Westmount

Hon. Presidents, Misses Trench, Pearson; Pres., Miss C. Martin; First Vice-Pres., Mrs. Tellier; Sec. Vice-Pres., Mrs. Crewe; Corr. Sec., Mrs. Davis, 5946 Waverley St.; Rec. Sec., Miss VanBuskirk; Treas., Miss Francis; *Committees*: *Visiting*: Mrs. Chisholm, Miss G. Wilson; *Social*: Misses Linton, Yellin, Chananie; *Rep.* to *The Canadian Nurse*, Miss Francis.

### A.A., Jeffery Hale's Hospital, Quebec

Pres., Mrs. A. W. G. Macallister; First Vice-Pres., Miss N. Martin; Sec. Vice-Pres., Miss E. Jack; Sec., Miss M. G. Fischer, 305 Grand Allée; Treas., Mrs. W. D. Fleming; *Councillors*: Misses Matthew, Wolff, Kennedy, Fitzpatrick, Mrs. Young; *Committees*: *Visiting*: Mmes Buttimore, Raphael, Gray, Miss Douglas; *Refreshment*: Misses Black, Andrews, McMurray, Chase; *Program*: Misses Chase, Eager, Jack, Black; *Representatives* to: *Private Duty Section*, Misses E. Walsh, M. Eager; *The Canadian Nurse*, Miss G. Weary.

### A.A., Sherbrooke Hospital, Sherbrooke

Hon. Pres., Miss V. Beane; Pres., Mrs. N. Skinner; First Vice-Pres., Mrs. F. Steigmeir; Sec. Vice-Pres., Mrs. G. Sangster; Rec. Sec., Miss N. Arguin; Corr. Sec., Miss R. Forward, 51 Melbourne St.; Treas., Mrs. H. Grundy; *Convener, Entertainment Committee*, Mrs. H. MacCallum; *Reps.* to: *Private Duty Section*, Miss P. Gough; *The Canadian Nurse*, Mrs. G. Burt.

## SASKATCHEWAN

### A.A., Grey Nuns Hospital, Regina

Hon. Pres., Rev. Sr. Tougas; Pres., Miss K. Haverstock; Vice-Pres., Miss C. Dionne; Sec. Vice-Pres., Miss V. McConnell; Sec.—Treas., Miss B. Bourget, Grey Nuns Hospital; *Councillors*: Mmes Peel, A. Counter, Miss D. Grad; *Committee Conveners*: *Membership*, Miss H. Kleckner; *Visiting*, Miss E. McDougall; *Social*, Misses H. Lefebvre, F. Walliser, I. McCormick, M. Deemelie; *Rep.* to: *Local Council of Women*, Miss Haverstock.